



Independent
prescribing
programme

University of Worcester

Report of a reaccreditation event

July 2017

Event summary and conclusions

Provider	University of Worcester
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	7 July 2017
Accreditation period	December 2017 – November 2020
Outcome	<p>Approval with condition</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Worcester should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to one condition.</p>
Conditions	<ol style="list-style-type: none"> 1. In relation to criterion 5.4: <ol style="list-style-type: none"> a. A formal process must be developed to provide a mechanism to review and identify patient harm in any assessment. b. The policy on referral in elements of assessment must be amended to state that referral is not permitted if a student is deemed to have 'failed to identify a serious problem or given an answer which would cause patient harm'. c. The assessment regulations must also be amended to state that unsafe practice demonstrated during assessment will result in overall failure of the programme. d. The application of criterion 5.4 must be made clear to students and DMPs within the programme materials <p>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 by the end of October 2017</p>
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	<p>Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed that it had been met satisfactorily.</p> <p>The Registrar accepted the team's recommendation and approved the accreditation of the programme for a further period of three years.</p>
Key contact (provider)	Amanda Evans
Accreditation team	Professor Chris Langley (Chair of event), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences.

	Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex
GPhC representative	Mrs Philippa McSimpson, 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 Worcester was accredited by the GPhC in November 2014 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. In line with the GPhC's process for new providers of pharmacist prescribing programmes, the 2014 event was held on site at the University to allow for the GPhC's accreditation team to view the teaching facilities available. The accreditation process was based on the GPhC's 2010 accreditation criteria for Independent Prescribing. The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Worcester be accredited as a pharmacist independent prescribing course provider for a period of three years, subject to University validation and one condition. The condition was that in order to achieve GPhC learning outcomes 4, 5 and 6, the programme must include the teaching of clinical and physical examination and diagnostic skills with mechanisms for the appropriate assessment of these skills. This was to meet criteria 3.2, 3.3 and 5.1. The first year of accreditation was provisional and was subject to a monitoring visit after the first cohort. The condition was met in full in November 2014 and at the monitoring event no further changes to the course were stipulated, with the exception of a number of wording revisions to programme documentation. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 7 July 2017 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 7 July 2017 at the GPhC headquarters, London, and comprised a number of meetings

between the GPhC accreditation team and representatives of the University of Worcester prescribing programme.

Declarations of interest

Professor Langley declared that his own school, like that of the provider, was a recipient of funding for its independent prescribing programme from HEE West Midlands.

Key findings

Section 1: The programme provider

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

The course is delivered by the Department of Allied Health and Social Science, in the Institute of Health and Society. Quality assurance is led by the Academic Quality Unit (AQU), which monitors and regulates all courses within the University; a periodic review took place in May 2017. Clinical examination skills are taught in a purpose-built clinical simulation suite, with facilities including home and ward environments, skills and clinic rooms, dedicated computer rooms, diagnostic aids and other relevant equipment for teaching clinical examination skills, such as “SimMan”. Funding is from employing NHS trusts, or other employing organisation and potential students may also self-fund. The programme has also received funding from Health Education England West Midlands as part of the Clinically Enhanced Pharmacist Independent Prescribing Programme. The maximum cohort size for the programme has been increased from its initial 20 pharmacists to 25 and approved by the GPhC; the provider’s representatives indicated that there was sufficient staff to maintain the student:staff ratio of 8:1 in the event of an increase in student numbers through running a second cohort if the demand increased, but that there were no immediate plans to increase numbers or cohorts. The core teaching team consists of both academic and administrative staff members made up of three staff in the leadership team and seven other academic staff members, with extra input from three sessional pharmacist lecturers who are prescribing clinical pharmacists in practice, resulting in a student/staff ratio of 8:1. In addition, there is a pool of senior lecturers that supports the learning and teaching of clinical and diagnostic skills. The overall responsibility for the delivery of clinical examination skills lies with the Programme Lead for the Masters in Advancing Clinical Practice, a non-medical prescriber. The Course Leader is a pharmacist and an independent prescriber annotated with the GPhC, working in collaboration with the prescribing team to design and deliver the requirements of the programme.

Section 2: Pre-requisites for entry

All six criteria relating to the pre-requisites for entry are met, subject to a wording amendment

The qualifying requirements are set out in the module outline, programme specification, course handbook, flyer, and application form; an administrative officer ensures that all applicants have at least two years’ appropriate patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year, confirmed by the Course Leader. The team considered that the documentation relating to entry requirements was confusing in that the advertising flyer submitted stated that the applicant “should have” a DMP as an additional requirement rather than this being included in the essential requirements. The team agreed that the requirement for applicants to have a DMP be included in the relevant flyer(s). The team noted that the generic West Midlands application form is used for the programme and that this contains sections to be signed by the applicant’s line manager and non-medical prescribing lead that are inappropriate for any self-employed, self-funding applicants. The team was told that the issues contained in these sections of the application form would be discussed at interview with any self-employed pharmacists. All applicants are interviewed before acceptance onto the programme; this allows applicants, including self-employed applicants to describe and discuss their previous experience. Self-employed pharmacists must ensure that they have the support of a DMP, a current enhanced DBS, both

non-GPhC requirements, and can commit to the time required to complete the programme. Applicants must indicate their proposed area for prescribing, provide evidence of contemporary pharmacological knowledge, along with justification for selecting a particular therapeutic area; these will be discussed with the Course Leader at an interview and as part of the induction process, along with how they propose to take responsibility for their CPD. The provider indicated that any proposed change of area of expertise for prescribing would be discouraged at interview. The team agreed that the application form would benefit from revision to allow applicants to include more detail of their experience. DMPs are required to demonstrate that they have the appropriate level of qualification, registration, training and experience and must sign a declaration, committing to provide the relevant number of hours of supervision as a service level agreement, along with a declaration that they are familiar with the GPhC's requirements and learning outcomes for the programme. Prior to commencement of the course, all DMPs receive a copy of the DMP guide, and the Course Leader visits the student in their practice placement during the first few months and verifies the DMP's awareness of the GPhC learning outcomes.

Section 3: The programme

All eight criteria relating to the programme are met, subject to amendments to documents

The programme is delivered solely at FHEQ level 7 and can comprise part of the 180-credit MSc in Advancing Practice for which there is a separate advertising flyer. A set of 14 Learning Outcomes (LOs), mapped against the 16 GPhC LOs, but adjusted to reflect a level 7 (Masters level) curriculum have been developed. The team found the mapping of the learning outcomes (LOs) and the assessment mapping confusing as the numbering system used in the Submission Template part 2 for the programme LOs was not in accord with those in the Programme Specification, resulting in it being unclear how the students and DMPs were made aware of the GPhC LOs. In addition, the numbering for the learning outcomes differed between the Programme Specification and the Module Guide and Module Specification with the latter two using the numbering in the Submission Template part 2, leading to confusion in the assessment mapping. The team agreed that the provider should review the numbering system for LOs and assessment to ensure consistency across all programme documentation. The teaching and learning strategies are designed to encourage pharmacists to build on their existing expertise and knowledge to acquire advanced clinical skills, which will lead to them becoming autonomous clinical practitioners at the same level as other Advanced Clinical Practitioners (ACPs) working within the NHS. The teaching of clinical skills is now embedded throughout the teaching of the programme and takes place at any time that the students were timetabled in the clinical teaching suite, and includes history-taking, OSCE workshops and assessment day, and a problem-based learning day, totalling 3-4 days. The strategy for the teaching of clinical examination skills is to teach a range of generic skills, including vital signs, followed by the development of more specialist skills which are then built upon during the period of learning in practice with the DMP. The DMP is not involved in the summative assessment but may be involved in the design of OSCE stations for their student. The students' background knowledge and experience are established as part of the application process and through action learning sets that set out the LOs for the student. Pharmacists select a specific therapeutic speciality in advance of starting the course, and are then given several opportunities to contextualise their formal study into applied clinical situations within the conditions for which they will be prescribing. The course is arranged over 5-6 months, with 10-12 face-to-face days, self-directed learning days, plus 12 x 7.5hr days (equating to 90 hours) related clinical experience spent in practice. The team advised the provider that the breakdown of the 26 days of teaching and learning was not clear within the programme materials and requested that this be stated within the programme materials. Students are required to attend all sessions in both theory and practice. In relation to any theoretical material missed due to illness the student will be required to demonstrate to the Course Leader how they have achieved the outcomes covered on the days missed. Where absence is excessive students will normally be asked to defer their studies until the next course. In this respect, the team found it unusual that students are allowed to be absent for 5 days or more before they will be required to defer their studies until the next course. The provider confirmed that the 5-day ruling is a University regulation and that the programme required 100 percent attendance. The team suggested to the provider that the clinical skills

sessions should be highlighted in the timetable to indicate to pharmacists that they must attend such sessions. Feedback from the DMP on the student's progress is taken during a face-to-face visit from the module lead to the student's practice placement. Assessments are non-compensatory and this is made clear in all of the course documentation, and reiterated face-to-face on induction day.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met, subject to wording amendments

A learning environment profile is undertaken prior to students starting their clinical placement to ensure that the placement is suitable. All of the roles and responsibilities are set out in the DMP guide, including an indication of the time commitment they will be expected to provide for students, and details of how to assess students, explanation of what is acceptable as proof of a competency, and how to test knowledge and experience. After the DMP has been sent the DMP Guide, the DMP is visited by a member of the teaching team, or, if experienced, contacted by SKYPE; DMPs also have access to the VLE. The DMP's assessment of the student runs throughout the competency document, and there are free text areas within the document for them to add their comments. Students are asked to include evidence of their competence in their portfolio and if they have been unable to observe or demonstrate a particular competency then they can be directed to another practitioner to illustrate the competency. Furthermore, the DMPs are visited by the module leaders during the first month of the students practice. DMPs are encouraged to contact the module leader at any time during the course with any questions or to discuss any concerns; there is a standard process for escalating concerns and a proforma is supplied as part of the DMP guide, along with all of the other relevant information. Submission of students' log of hours within the competency document is a compulsory part of the formal assessment process, and this mandatory number of hours spent in practice is specified in all of the course documentation. Satisfactory completion of the log of hours is a mandatory element of the competency document sign-off by the student, DMP and module lead. However, the team noted that the relevant sign-off statements were incorrect as they include the word "student" rather than "pharmacist"; this must be corrected. Also, the word "Pharmacist" should not appear in the title of the award that allows annotation, and should be removed. Failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

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

Assessment is via a reflective 4000-word essay based on a minimum of 2 case studies critically analysing an aspect of prescribing within the relevant clinical area, plus three pass/fail elements; an OSCE, a competency assessment, and the DMP sign-off. The team noted that the Programme Specification included a pharmacology examination but was told that this assessment has now been removed, along with an assessed seminar presentation; the programme documentation should be amended to remove these discontinued assessments. Pharmacists are expected to complete all of the competencies within the competency framework. The OSCE is made up of two stations, one using SimMan and other equipment, and the second based on consultation, history-taking and prescription-writing. The team observed that, given the small number of stations, the assessment does not represent an OSCE in the accepted sense of the term. The team was told that, unusually in its experience, the stations are individualised for each student. The team had some difficulty in determining from the programme documentation if the programme is a freestanding course in that the Programme Specification refers to the award as a Postgraduate Award in Professional Development, and the Module Specification does not state the title of the award and refers to the module type as MSc. The team agreed that the module title stated in the Module Specification which includes the word "pharmacist" was appropriate, but that the award itself should not include the word "pharmacist". Students have one resit opportunity; if the resubmission is a fail this represents an overall

module fail, and students would then need to pay to retake the module. All assessment complies with the University assessment policy which sets out regulations for resit, submissions, and outlines all of the mechanisms that are in place to ensure that assessments are valid, reliable and robust. All material is further scrutinised by the external examiner. The module leader and DMP can automatically fail the student if there are any concerns around patient safety or harm although it was unclear to the team if this failure would lead to automatic referral or failure of the entire programme. It was explained that in the OSCE mandatory points have to be checked but eventual failure depends on the particular aspect that is not passed; students are informed of this both in the documentation and verbally by teaching staff. If a student fails the OSCE as a result of unsafe practice, they are allowed to re-sit the assessment rather than re-take the whole programme, but if they potentially cause harm then they would fail the entire programme. The team suggested to the provider that they adopt the use of a measure of patient harm, for example, the NPSA grid, and use patient harm rather than safety as a determinant of failure of the whole course or otherwise, although the team recognised that the programme might require exemption from University Regulations to apply the approach of an outright fail due to causing patient harm. The team was not satisfied that a clear policy was in place for handling incidences of potential patient harm or what action would result if a student was found to have demonstrated patient harm in assessment. The team agreed that it would be a **condition** of reaccreditation that a) formal process must be developed to provide a mechanism to review and identify patient harm in any assessment, b) the policy on referral in elements of assessment must be amended to state that referral is not permitted if a student is deemed to have 'failed to identify a serious problem or given an answer which would cause patient harm', c) the assessment regulations must also be amended to state that unsafe practice demonstrated during assessment will result in overall failure of the programme, and d) the application of criterion 5.4 must be made clear to students and DMPs within the programme materials.

Section 6: Details of Award

Both of the two criteria relating to details of the award are met, subject to a wording amendment

On successful completion of the course, and in line with University policy, Registry will send individual students a transcript to inform them that they have successfully completed the course. A certificate is also awarded, which can then be forwarded to the GPhC to prove that the course has been successfully completed. The team noted that the title of award was incorrect and that the word "pharmacist" should be removed.

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.