General
Pharmaceutical
Council

Independent
prescribing
programme

University of York

Report of a reaccreditation event
February 2019

Event summary and conclusions

Provider	University of York
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	26 February 2019
Accreditation period	May 2019 - May 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 York 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	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the provisional accreditation of the programme for a period of 3 years.
Key contact (provider)	Rose Pringle, Programme Lead, Non-Medical Prescribing and Medicines Optimisation
Accreditation team	Professor Angela Alexander (event Chair), Professor Emerita of Pharmacy Education, University of Reading Professor Chris Langley, Professor of Pharmacy Law and Practice and Head of the School of Pharmacy, Aston University: Associate Dean, Taught Programmes, School of Life and Health Sciences
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

General Pharmaceutical Council, independent prescribing programme reaccreditation report
University of York, 26 February 2019

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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 York was accredited originally by the Royal Pharmaceutical Society of Great Britain in 2005 to provide a programme to train pharmacist independent prescribers, for a period of five years, and reaccredited in 2010 for a further period of three years, followed by reaccreditation by the GPhC in 2013 and 2016 for periods of three years each. At the 2016 reaccreditation, the accreditation team agreed that there be a condition that the Department must remap the programme learning outcomes to reflect accurately the GPhC learning outcomes at level 6 and level 7. Additionally, the GPhC learning outcomes and their mapping to the programme outcomes must be communicated clearly to both Pharmacists in Prescribing Training (PIPT) and Designated Medical Practitioners (DMPs). The required amendments were made to programme documents to address the condition of reaccreditation and these were submitted to the GPhC prior to the final report being produced by the GPhC in February 2016. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 26 February 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 26 February 2019 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of York 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 programme is delivered by the Department of Health Sciences (DoHS), part of the Faculty of Sciences at the University of York. The Department is affiliated with a range of organisations within Humber, Coast and Vale for the delivery of the non-medical prescribing programme. This includes three acute hospitals three Mental Health Trusts, five Community Services Providers, 190 GP practices, two Ambulance Trusts

and six Clinical Commissioning Groups. The team noted that the last approval to deliver the Independent and Supplementary Prescribing for Pharmacists Programme was ratified in 2010 by the University Teaching Committee. Subsequent quality assurance processes include a six-yearly periodic review, along with the Pharmacist Independent Prescribers in Training (PIPT) progression and supervision on the programme being monitored by the Specialist Skills Post Registration Development (SSPRD) Committee, part of the Departmental Teaching Governance and responsible for the review of examinations, assessment and the monitoring of student evaluations, and, as the programme is a professional qualification, by the Undergraduate Board of Examiners. Programme content and methods of delivery are reviewed annually by the programme team and following each cohort. PIPT are encouraged to comment on programmes and all PIPT complete a written module evaluation at the midpoint and end of the programme which feed directly into the module quality assurance report. Verbal and written feedback is used to evaluate and develop the programme. The team was told that the module leader has the responsibility of ensuring that module material and documents are kept up-to-date. The Department has a Clinical Simulation Unit (CSU) with equipment for teaching clinical skills. The unit was expanded in 2013 to create more space and opportunities for simulated teaching and assessment. The programme team is led by a programme leader. She is a mental health nurse with a prescribing qualification. There are also seven further team members: three pharmacist prescribers, and four nurses, three of whom have prescribing qualifications. Clinical skills are taught by members of the advanced practice team alongside practice-based learning supported by the pharmacist's DMP. Two pharmacists are independent prescribers employed on a sessional basis to deliver elements of the prescribing programme and to contribute to the design of the programme and its delivery. Additionally, both of these pharmacists are involved in the quality assurance of the programme through contributing to the development of Objective Structured Clinical Examination (OSCE) assessments, examination questions, and monitoring student progress and evaluations. The Department has recently employed a pharmacist supplementary and independent prescriber and pharmacist lecturer who will assume the role of the designated pharmacist. The team learned that the external examiner is a podiatrist who has access to all the necessary information pertaining to pharmacist independent prescribers. Health Education England (HEE) commissions and funds the majority of places annually, with 84 currently. The number of commissions varies annually and includes places for nurses, PIPT and allied health professionals, plus a small number of non-commissioned places. The team learned that For 2017/18 applicants were divided into three cohorts, the first commenced in the Autumn Term (September) 2017, the second in January 2018 and the cohort in April 2018. The team noted that from December 2019 HEE North of England will be tendering for IP provisions. The team noted that only two pharmacists have undergone the programme in the last six cohorts, and was told that the teaching team expected to recruit a maximum of four to five pharmacists per year. The team agreed that accreditation would be approved for three cohorts per year, each with approximately 30 students overall.

Section 2: Pre-requisites for entry

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

Applicants are required to provide details of their GPhC or PSNI registration number, which the Module Leader checks on the GPhC website, as well as other usual identifying information. Pharmacist applicants are required to provide current employment details and details of their previous three years of employment or practice, describe the area of clinical practice in which they wish to prescribe and that need for this has been identified. They also confirm that they have up-to-date clinical and pharmacological knowledge relevant to their intended area of prescribing practice, and articulate the clinical skills they need to develop to be able to prescribe effectively in their chosen area. Self-employed applicants are required to supply an employer reference from a person or organisation with whom they have worked on a regular basis during the past six months. PIPT applicants must demonstrate how they reflect on their own performance and take responsibility for CPD using a written statement. Entrants who are not registrants of the GPhC or PSNI may undertake the taught components of the programme if places are available, but may not undertake the period of supervised practice. DMPs undertake to supervise the applicant for a minimum period of 90 hours of learning in

practice, forming the service level agreement between the Department and the DMP. Doctors must meet the criteria for the DMP set down by The Department of Health Guidance (2001). Evidence that DMPs meet these prerequisites is obtained through written confirmation from the DMP, submitted with the application. The team was told that although there is no formal process for the induction of new DMPs, all DMPs are provided with the opportunity to discuss their role either by visit, by telephone or email. The team was of the view that the University should be more proactive in raising the awareness of prospective DMPs to the availability of the teaching team for advice.

Section 3: The programme

All eight criteria relating to the programme are met

The programme is offered at Level 6 and Level 7, carrying 40 credits. The learning outcomes at each level are designed to reflect the level descriptors set down by the FHEQ (2008). The team was told that the difference between the levels was evidenced in the short answer questions, and in a reflective submission being required at level 7.The programme learning outcomes were mapped to both the GPhC outcomes and the Competency Framework for all Prescribers. The programme consists of mainly face-to-face teaching, including lectures, workshops, seminars, directed studies, clinical skills sessions, and tutorials. Individual PIPT are allocated an academic supervisor, who is a member of the core programme team. Students, in collaboration with their academic supervisor, establish their background knowledge and experience and consider how that can be developed to acquire competence in prescribing. PIPT development is supported by a specific, bespoke timetable for pharmacists together with group and one-to-one tutorials with their academic supervisor. PIPT are required to identify their chosen area of prescribing and the clinical skills in which they wish/need to develop competencies. PIPT, in collaboration with their DMP, are required to develop a learning contract in each competency area that makes explicit their learning objectives, the strategies they will use to achieve learning and the evidence they will provide to demonstrate learning and competence. This allows the PIPT the scope to demonstrate how they will apply their learning to the conditions for which they will be prescribing. This is supported both in theory and practice by the provision of bespoke clinical skills teaching sessions which address the particular requirements of each pharmacist and their chosen clinical field. Consultation skills are taught and practised throughout the programme. The programme contains 400 hours of learning activities, equivalent to 26 days, over a period of six months. Attendance is formally recorded at all teaching and practice sessions with a requirement of 80% attendance; it is mandatory that PIPT attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis. Progression is monitored by the Programme Team through formative work and individual tutorials and completion of the e-Portfolio monitored by the DMP. Recognition of Prior Learning (RPL) is not applied to the programme although PIPT will have prior knowledge of pharmacology and do not have to attend pharmacology lectures; clinical skills sessions are offered to PIPT at these times.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met

The DMP information provides practical guidance on assisting the PIPT to complete the period of learning in practice. If required, practice visits are undertaken by the programme team, for one-to-one discussions with DMPs. DMPs can also access online student support mechanisms, for example, PebblePad. There are also opportunities for the PIPT to request a tripartite meeting between themselves, the DMP and a member of the programme team. PIPT determine how best to meet their required competencies in a form of learning contract with the DMP. To ensure equity, all summative assessments are undertaken in the University setting in line with the Programme Assessment Guidelines. The PIPT, in collaboration with their DMP, identifies the specific clinical skills required for safe practice in their own area. The achievement of these is assessed in practice and included in the e-Portfolio. The PIPT identifies ten competencies that subsequently inform learning contracts which are evidenced in the e-Portfolio. These become the focus for their development throughout the period of learning in practice. The DMP is responsible for verifying competence in clinical skills. This is evidenced in the e-Portfolio. PIPT, in collaboration with their DMPs, further develop specific clinical skills they have identified as appropriate

for their future prescribing practice. This includes areas such as consultation and history-taking skills, and clinical examination skills for the appropriate body systems; these topics are taught on the programme. The PIPT is required to submit a list of dates, signed off by the DMP, to confirm that the period of learning in practice has been completed. Compensation between elements of assessment is not allowed.

Section 5: Assessment

All four criteria relating to assessment are met

A range of formative and summative assessments is used to test PIPT learning against the required learning outcomes and standards of the programme. These include a generic OSCE-type assessment, an e-portfolio of evidence, an unseen examination paper, and a reflective commentary for Level 7 students. The team was told that the OSCE-type assessment consists of a consultation and history-taking exercise with a trained actor as patient, followed by two scenarios requiring use of the BNF, and two legal prescriptions to be written. The team noted that the external examiner had raised queries about the MCQ section of the assessment, and was told that a working group was discussing currently the issues involved. It is anticipated that the process will be changed for the next cohort to be assessed. The programme is freestanding, assessed separately from any other programme and leads to a freestanding award which confirms the competence of the PIPT as an Independent and Supplementary Prescriber. The module also forms part of the MSc Advanced Clinical Practice programme for qualified nurses, pharmacists, physiotherapists and paramedics. With the exception of achieving satisfactory attendance, students are given one opportunity to re-sit all other elements of the assessment. All assessments are reviewed by external examiners, including moderation of Level 6 and Level 7 assessments and reflective commentaries. Any major failure to identify a serious problem or an answer which would cause direct harm to a patient or client in any summative assessment will result in overall failure of the programme. This is detailed in the Assessment Guidelines and the Module Descriptors for the programme which are available to PIPT through the VLE. Assessments, marking criteria and moderation processes are mechanisms for identifying such problems.

Section 6: Details of Award

Both criteria relating to details of the award are met

Successful PIPT are awarded a 'Practice Certificate in Independent Prescribing' which confirms that the PIPT has successfully completed the programme and the period of learning in practice. The pass list is sent to the General Pharmaceutical Council by the Student and Academic Support Service Manager.

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.