



Independent
prescribing
programme

King's College London

Report of a reaccreditation event

June 2017

Event summary and conclusions

Provider	King's College London
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	5 June 2017
Accreditation period	Aug 2017 – July 2020
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that King's College London should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to one condition.
Conditions	In relation to criterion 5.4: <ul style="list-style-type: none"> a. A formal process must be developed to provide a mechanism to review and identify unsafe practice in assessment. b. The policy on resit attempts must be amended to state that a resit 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 the DMPs within programme materials
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Registrar decision	Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed that it had been met satisfactorily. The Registrar accepted the team's recommendation and approved the accreditation of the programme for a further period of three years.
Key contact (provider)	Ms Victoria Collings, Programme Lead
Accreditation team	Professor Jane Portlock, Chair of event, Professor of Pharmacy Postgraduate Education, University of Sussex Professor Helen Howe, Retired hospital Chief Pharmacist
GPhC representative	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

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/ukxi/2010/231/contents/made>

Background

King's College London was accredited by the Royal Pharmaceutical Society (RPSGB) in 2007 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. It was subsequently reaccredited by the General Pharmaceutical Council for a further period of 3 years in 2010, and again in December 2013. In December 2013, the programme reaccredited for three years, with no conditions. During 2016, King's College London approached the General Pharmaceutical Council with a request to extend the reaccreditation period by 6 months. The request was reviewed by an accreditation team and approval was subsequently given to extend the reaccreditation period until the end of July 2017.

In line with the General Pharmaceutical Council's (GPhC) process for reaccreditation of independent prescribing programmes, an event was scheduled on 5 June 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 5 June at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the King's College London prescribing programme.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

All criteria relating to the programme provider are met.

The independent prescribing programme is hosted by the Department of Pharmacy and Forensic Science in the Faculty of Life Science and Medicine, with contributions from the Florence Nightingale Faculty of Nursing and Midwifery. The established quality assurance processes are based on student feedback, the external examiner's report, and annual review of the programme by the Independent Prescribing Courses Steering Committee (IPSC), along with the monthly meetings of the Postgraduate Pharmacy and Forensic Science management committee; the IPSC includes nurse and pharmacist independent prescribers, as well as current and former students, and its meetings are sometimes attended by patients. The annual review of the programme feeds into a report based on all of the Department's postgraduate programmes. The programme, along with the MPharm and other departmental programmes, underwent a quinquennial periodic review in March/April 2017; the University accepted this as equivalent to a validation and no issues were identified. The programme will now re-enter the normal 3-5 year validation cycle. Teaching on the programme takes place at both the Waterloo and Guy's campuses. Clinical Skills teaching is provided by specialist teachers at the Chantler Simulation & Interactive Learning (Sall) Centre on the Guy's Campus; this houses a simulated ward/hospital environment which includes high-fidelity clinical simulators, as well as clinical equipment and anatomical models for teaching skills such as cardio-respiratory examination. On the Waterloo campus, a recently-equipped clinical pharmacy skills suite provides a state-of-the-art environment for the teaching and assessment of consultation skills and physical assessment. The University has extensive information services and library facilities, including access to a large number of desktop computers within the College. Students have access to online material to support all taught aspects via the King's e-Learning and Teaching Service (KEATS), which is the University's virtual learning environment (VLE). Since the last reaccreditation, increased demand has resulted in an increase in student numbers on the programme from 36 in 2013/14 to 80 in 2016/17, and an increase in the number of cohorts from two to three, these cohorts commencing respectively in September, January, and May. Resources, including staffing, are related to student numbers, ensuring that funding is available to cope with the increase in student numbers. The programme is delivered by an experienced team which includes current prescribers (both pharmacists and nurses) as well as those from a more applied academic background (for example, health psychologists teaching behaviour change techniques). The programme lead is a practising pharmacist independent prescriber (in the field of cardiology) and has formal academic expertise in course design, delivery and assessment.

Section 2: Pre-requisites for entry

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

Only pharmacists who are registered with the GPhC or the Pharmaceutical Society of Northern Ireland will be considered for admission to the programme. Applicants must submit their full employment details on the application form. In addition, a named senior manager or practitioner from their supporting organisation must confirm that they have a minimum of two years of appropriate, patient-orientated experience in a UK hospital, community or primary care setting following their registration as pharmacists. The team was satisfied that appropriate checks are made but advised that the application form does not currently include the UK element of this requirement and so advised that this must be amended for accuracy and completeness. The provider seeks confirmation that the pharmacist has the required clinical and pharmacological knowledge relevant to their clinical practice area and that this is up-to-date. A competency statement is also required from a named senior doctor with whom they currently work as a pharmacist, detailing the patient-orientated services that they provide as a pharmacist. Applicants must also provide a synopsis of their intended scope of practice, including a provisional formulary, which is reviewed for appropriateness and achievability by the programme lead.

They must submit two CPD cycles relevant to their proposed scope of practice, together with a statement on how they have reflected on their own performance in providing a patient-orientated service and have taken responsibility for their own CPD. Applicants' Designated Medical Practitioners (DMPs) must provide details of their job title, experience as a DMP, and current experience of supervision, as well as confirming that they meet the qualifications required for a DMP, and that they have a suitable practice environment along with allocated time to support their trainees.

Section 3: The programme

All criteria relating to the programme are met.

The module is taught at FHEQ level 7 and represents 60 credits (600 hours) of learning at master's level; this includes 195 hours (equivalent to 26 days) of contact, representing 60 hours (10 taught days) of face-to-face seminars, 104 hours (13 eight hour self-study days) of e-learning, and an additional three days where students receive formative individual feedback and additional portfolio support. Participants are expected to attend all classroom-based teaching and must attend all sessions concerned with the teaching of physical skills. Where participants are absent from any of the physical assessment skills sessions, they will be deferred to the next teaching opportunity. The programme learning outcomes have been mapped to the 16 learning outcomes specified by the GPhC. The course adopts a blended learning approach where classroom, e-learning and practice-based activity complement the development of the pharmacist as a prescriber. This approach utilises a variety of methods to support student learning including, seminars and enquiry-based approaches, which allow a more individualised approach, supported by e-learning through the KEATS VLE. The student learning experience is enriched through the constant application of theory to practice using problem-solving scenarios and a learning log for reflection to capture the in-practice learning experience. Guidance is given to the designated medical practitioners (DMPs) to ensure that they facilitate learning in the practice environment by adopting a case review approach where applicable, to illustrate decision making as well as to determine the competence of the student. The majority of the course is taught alongside nurses. In order to ensure opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing, considerable emphasis is placed on honing the learning contract at an early stage of the programme; this involves discussions with the DMP, relevant pharmacy line managers and a member of the academic course team. During the teaching sessions, particular emphasis is placed on how to contextualise learning within the scope of practice by bringing together pharmacists and nurses working in similar areas, to share ideas and approaches to learning. This is reinforced through contact with the DMP and their associated healthcare team during the days in practice.

Section 4: Learning in Practice

All criteria relating to learning in practice are met.

The learning in practice comprises a minimum of 90 hours under the direction of the DMP. DMPs are provided with a handbook describing the GPhC learning outcomes and the specific requirements of the King's programme, and must attend a two-hour DMP training session at KCL which covers these requirements and portfolio learning, as well as assessment methods. Members of the teaching staff are available via email and telephone to discuss any issues with the DMPs. The handbook and the training session provide extensive guidance to ensure that DMPs facilitate learning in practice by using a case study approach where appropriate. DMPs have access to the on-line course materials. The 'Physical Assessment and Diagnostics Skills Guide', designed by Cardiff University to support prescribing students, is used by the students in discussion with their DMPs. At the end of the training, DMPs must confirm that the pharmacists under their supervision have satisfactorily completed at least 12 x 7.5 h days of supervised practice; they must also provide a professional declaration that, in their opinion as DMPs, the skills demonstrated in practice confirm the pharmacists as being suitable for annotation as independent prescribers.

Section 5: Assessment

Three of the four criteria relating to assessment are met with criterion 5.4 subject to a condition.

The programme is assessed separately from any other programmes. The assessment strategy uses both formative and summative evaluation to support students to develop their core knowledge and skills and then to determine whether students can demonstrate competence using a range of different assessments. Assessments include written examinations, comprising MCQs and essays, objective, structured clinical examinations (OSCEs), and a practice portfolio; the OSCE comprises a series of stations covering consultation skills, physical assessment, and prescription writing. Throughout the course, contact sessions and web-based exercises provide formative feedback to enable self-assessment and the development of competence in prescribing. The summative assessments test underpinning knowledge, decision-making, and application of theory to practice. The practice portfolio requires students to draw together a series of case histories and evidence of competency. The case histories illustrate the students' actual practice and demonstrate their ability to make decisions to treat and to refer; they form part of the compulsory assessment schedule. The assessments also include the workplace-based 'Direct Observation of Practical Skills' (DOPS) and a Mini-Peer Assessment Tool (Mini-PAT). These are based on the 'consultations skills framework' and are undertaken by the DMP or another member of the team such as consultants, registrars, nurses and GPs. The DMP retains responsibility and if the assessments are undertaken by somebody else they are reviewed with the DMP. The Mini-PAT can be applied by any member of the team with whom the pharmacist works. The outcomes of these workplace-based assessments are used to produce reflective accounts in the students' portfolios. Students must pass each element and, unless there are mitigating circumstances, are permitted to resit any failed element on one occasion only. There is no compensation between any elements of assessment (written examination, OSCE, and portfolio). The University's commentary relating to criterion 5.4 implied that failure would result only if 'illegal/dangerous practice' was evident in the portfolio or in the OSCE; it was unclear if this applied to all other aspects of the programme, including other assessments and learning in practice. This lack of clarity resulted in the imposition of a condition (see 'condition') that the University must develop a mechanism to review and identify unsafe practice in assessment. Moreover, the policy on resit attempts must be amended to state that a resit 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', and the assessment regulations must also be amended to state that unsafe practice demonstrated during any assessment will result in overall failure of the programme. The application of this criterion must be made clear to students and DMPs within all programme materials.

Section 6: Details of Award

Both criteria relating to details of the award are met, subject to receipt of a copy of the practice certificate

Successful students are awarded a 'Practice Certificate in Independent Prescribing'. A certified pass list is provided to the pharmacy regulator by the programme lead. The provider requested that a copy of the certificate be provided for reference purposes.

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.