



Independent
prescribing
programme

University of Lincoln

Report of a reaccreditation event

April 2017

Event summary and conclusions

Provider	University of Lincoln
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	21 April 2017
Accreditation period	August 2017 – July 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 Lincoln 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	<p>1. The level 7 programme learning outcomes and module learning outcomes and assessments must be mapped to the 16 GPhC learning outcomes. The mapping document must refer to the programme that will be delivered from January 2018, which will include the new Live Clinical Assessments (LCAs). The mapping must be consistent throughout all documentation and made available to students and DMPs in their respective handbooks. This is because the current mapping is unclear and inconsistent. This is to meet criterion 3.2.</p> <p>Evidence of how this condition has been met must be submitted to the GPhC before the end of June 2017 and before the programme can be reaccredited.</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)	Dr John McKinnon, Senior Lecturer and Lead for Non-Medical Prescribing Programme
Accreditation team	<p>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.</p> <p>Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland</p>

GPhC representative	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
Rapporteur	Mrs Jane Smith, Chief Operating Officer, European Association for Cancer Research

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

The University of Lincoln was accredited by the GPhC from July 2014 to provide a programme to train pharmacist independent prescribers. Accreditation was for a period of three years with the first year being provisional and subject to a monitoring visit during the first year of the programme. Accreditation was subject to three conditions which were required to be met, documented and submitted to the GPhC for approval before the intake of the first cohort of pharmacists. These were:

1. The University must develop a process where summative assessments of the DMP are quality assured to ensure consistency of decisions. The University must devise a formalised mechanism where the roles and responsibilities of the University and the DMP are clearly set out. The team acknowledges that individual support is offered to DMPs but there is no clear and practical guidance in assessing the competence of a student. Therefore the current process must be reviewed and appropriate support mechanisms must be developed to address this condition. This is to meet criterion 4.1 and 4.2.
2. The University must review and develop the assessment strategy to ensure that the assessments relating to competency, including physical examination and clinical skills, are valid and reliable, in line with best practice. This is to meet criterion 5.1.
3. The University must ensure that in any assessment, a failure to identify a serious problem, or the production of an answer which would cause harm to a patient, will result in an overall failure of the programme. This is to meet criterion 5.4.

The University responded to the conditions by:

1. Ensuring that the written instructions given to the DMP within the Practice Assessment Document for Designated Medical Practitioners are clear and unambiguous. In addition, the team providing the introductory visits to the DMPs discuss the content explicitly to ensure that the information provided is consistent and focuses on the processes supporting the assessment of clinical competency.
2. Considering the approach to the OSCE specifically to respond to the needs of pharmacists and

introducing additional stands designed to support their developing practical skills in patient assessment.

3. Including the required statement within the Programme Specification at Level 7. This was approved via the University Quality assurance processes as a 'Variation to the Assessment Regulations'.

A subsequent monitoring event was held at the GPhC offices in London on 30th October 2015. The accreditation team agreed that the original accreditation to July 2017 should be confirmed, and identified as a strength the programme team's responsiveness to student feedback, in particular the plans to develop two days of additional clinical skills sessions for pharmacists.

The team suggested that the suitability of each assessment be reviewed to ensure its appropriateness for pharmacists, taking into consideration the external examiner's views and student feedback.

The team commented that the quality assurance processes underpinning the OSCE were satisfactory, but did not reflect best practice. The process would benefit from review to assure the team of this assessment's reliability and validity. The inclusion of standard setting should be considered. In response, the provider has reviewed the OSCE assessment and proposed to replace this from January 2018 with Live Clinical Assessments. This proposal was considered as part of this reaccreditation event.

The team also commented that the planned additional clinical skills teaching must be embedded within the programme as core content and not provided as a separate programme or training session. The provider was reminded to inform the GPhC when it wished to amend the programme to include this additional content. Since the monitoring visit, additional clinical skills provision, specifically designed for pharmacists, has been incorporated into the core content, and is flexible according to the learning needs of the individual students and the specific learning opportunities available.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 21 April 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 21 April 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Lincoln 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 Non-Medical Prescribing Programme was validated by the University of Lincoln in September 2013 and will next be revalidated in 2019. A Periodic Academic Review takes place every second year and there is an annual monitoring review process for all University of Lincoln programmes.

The Programme is delivered by the University's School of Health and Social Care in close collaboration

with the School of Pharmacy, and as well as GPhC accreditation is currently approved by the Nursing and Midwifery Council and the Health and Care Professions Council. The Programme has two External Examiners, one a pharmacist by profession, and one a nurse. The external examiners attend all meetings of the Programme Exam Board. There are adequate physical and financial resources to deliver the programme, including facilities to teach clinical examination skills, and sufficient members of staff with appropriate background and experience to teach the programme, including a number of pharmacists who contribute to the teaching and management.

Section 2: Pre-requisites for entry

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

Appropriate arrangements are in place to ensure that entrants are registered pharmacists with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI) and have at least two years appropriate patient-orientated experience. Course documentation must be checked to ensure that the correct title is used for the PSNI as an incorrect title was used in the submission.

With regard to the requirement for 90 hours of clinical practice during the programme, students are asked to confirm as part of the application process that they will be able to carry out their clinical practice under the supervision of their DMP in the area in which they are intending to practise. There has been a significant increase in interest from potential DMPs in recent years. This has enabled the provider to develop a bank of more than 100 potential DMPs across the Lincolnshire area who are happy for their details to be shared with prospective students who need support in securing a DMP.

DMPs have training and experience relevant to their role and are supported by the programme team. A member of the academic team visits each DMP at their place of work at the start of the programme to draw their attention to the specific requirements of the role and to the relevant contact information. DMPs are encouraged to stay in touch with the team throughout the programme.

Section 3: The programme

Seven of the eight criteria relating to the programme are met with one criterion subject to a condition

The programme is offered at Levels 6 and 7 to non-pharmacists, but pharmacists are only able to register at Level 7. The programme learning outcomes were mapped to the 2012 National Prescribing Centre competency framework. This framework is now out of date and has been replaced by the Royal Pharmaceutical Society 2016 Competency Framework for All Prescribers.

The mapping of the GPhC learning outcomes to the programme learning outcomes was not clear, and nor was it clear how the 16 GPhC learning outcomes are communicated to students and to DMPs.

The team agreed that it would be a condition of accreditation that the level 7 programme learning outcomes and module learning outcomes and assessments must be mapped to the 16 GPhC learning outcomes. The mapping document must refer to the programme that will be delivered from January 2018, which will include the new Live Clinical Assessments (LCAs). The mapping must be consistent throughout all documentation and made available to students and DMPs in their respective handbooks. This is because the current mapping is unclear and inconsistent. This is to meet criterion 3.2. Evidence of how this condition has been met must be submitted to the GPhC before the end of June 2017 and before the programme can be reaccredited.

Learning time is not reduced in recognition of prior learning; all students are required to undertake all elements of the programme. There are 26 timetabled teaching days. Although some of these are not full days, with the inclusion of the additional self-directed learning activities the programme content is sufficient. Students are required to attend a minimum of 80% of the timetable sessions and in addition they are required to catch up on all missed sessions, making individual arrangements with staff as appropriate. If the missed sessions represent more than 20% of the total teaching sessions, or if any of

the clinical session are missed, then students are required to leave the programme.

The teaching, learning and support strategies are appropriate for the programme and opportunities are provided for students to demonstrate how they will apply their learning to the conditions for which they will be prescribing.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met

DMPs are provided with clear and practical guidance on helping students to complete the period of learning in practice successfully. At present, potential DMPs are made aware of the GPhC learning outcomes via the prescribing leads; the outcomes should be added to the DMP Handbook to ensure that they are made available to potential DMPs before they take on the role.

DMPs are also provided with clear and practical guidance on their role in the assessment of the student. Students should be assessed on whether and how they introduce themselves to their patient in the Practice Assessment. This should be added to the marking grid.

It was clear that failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

All four criteria relating to assessment are met

The range of assessments for the three modules provide evidence that students achieve the intended learning outcomes of the programme. The team was satisfied that the assessment scheme demonstrates that the criteria for pass/fail and the regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes. The quality assurance processes provide confidence in the assessments.

In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm, would result in overall failure of the programme. This should be made clear to students in module specifications, as well as in the programme specification and Handbook.

Individual modules can be taken as optional modules on a University of Lincoln MSc programme, but the programme is assessed separately from other programmes and leads to a freestanding award. In addition, the programme is only awarded to those pharmacists who are eligible to apply for annotation on the GPhC Register as an Independent Prescriber.

A proposal to replace the OSCE assessment with a Live Clinical Assessment (LCA) from January 2018 was approved, subject to receipt of formal documentation to confirm that the modification has been approved by the University of Lincoln. The OSCE had been reviewed in response to comments made at the GPhC's monitoring visit in 2015. The changes are designed to draw a closer relationship between supervised practice and formalised assessment.

Section 6: Details of Award

Both criteria relating to details of the award are met

The wording in the Programme Specification must be changed to make it clear that that GPhC does not validate certificates and is not an awarding body.

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.