



Independent
prescribing
programme

Liverpool John Moores University
Report of an accreditation event
December 2016

Event summary and conclusions

Provider	Liverpool John Moores University
Course	Independent prescribing programme
Event type	Accreditation
Event date	7 December 2016
Accreditation period	March 2017 – March 2020 (provisional) NB. Accreditation is confirmed after a satisfactory monitoring event has taken place following completion of the first cohort of students.
Outcome	Approval with conditions. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that Liverpool John Moores University should be provisionally accredited as a pharmacist independent prescribing course provider for a period of three years, subject to one condition, with a monitoring event taking place after completion of the first cohort of students.
Conditions	The School must articulate a teaching and learning strategy for the acquisition of clinical examination and diagnostic skills, including details of who will be involved in such teaching, together with their roles and responsibilities. The team agreed that clinical examination and diagnostic skills are key areas for pharmacists and that the University did not have a clear strategy on how these would be developed and delivered within the programme. This is to meet criteria 1.3 and 3.3.
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 accreditation, and the accreditation team agreed it had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the provisional accreditation of the programme for a period of three years.
Key contact (provider)	Dr Adam Mackridge, Reader in Public Health Pharmacy; Suzanne Cutler, Senior Lecturer in Pharmacy Practice
Accreditation team	Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland

GPhC representative	Ms Jenny Clapham, 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 accreditation 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

Liverpool John Moores University approached the GPhC with an application for accreditation of a programme to train pharmacist independent prescribers. The programme, like the University's accredited MPharm course, will be offered by the School of Pharmacy and Biomolecular Sciences within the University's Faculty of Science. Historically, the School delivered an accredited Supplementary Prescribing programme, which, the team learned (meeting 1), had ended around 2006, and staff within the School currently contribute to teaching on an Independent Prescribing programme for Nurses and Allied Health Professionals, run by the School of Nursing and Allied Health at LJMU. In line with the GPhC's process for accreditation of independent prescribing programmes, an event was scheduled for 7 December 2016 to review the programme's suitability for accreditation. In line with the GPhC's process for new providers of pharmacist prescribing programmes, the event was held on site at the University to allow for the GPhC's accreditation team to view the teaching facilities available.

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-site at Liverpool John Moores University on 7 December 2016 and comprised a number of meetings between the GPhC accreditation team and representatives of Liverpool John Moores University prescribing programme, and a tour of the university's teaching facilities.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

The team was satisfied that three of the four criteria relating to the programme provider will be met (See Appendix 2 for criteria). However, the team was not satisfied that criterion 1.3 will be met.

The University has a well-established quality assurance framework which sets out the broad requirements for validation, annual monitoring and review, student involvement in quality assurance, and enhancement of teaching and learning; these will all apply to the proposed independent prescribing programme. Independent prescribing will be delivered as a standalone programme but will also be embedded in the School's Postgraduate Diploma/MSc Clinical Pharmacy programmes. Teaching will be in flexible classroom spaces to allow the use of blended learning approaches, including didactic knowledge transfer and facilitated discussion. There is a dedicated clinical skills suite, with adjoining rooms designed for assessment of live OSCE stations. An appropriate range of equipment is available for teaching the clinical skills component of the programme and the team was satisfied that the physical resources will be adequate to deal with the anticipated 15-20 students in each of two cohorts per year.

The majority of the programme has been developed and will be delivered by staff within the School of Pharmacy and Biomolecular Sciences, with the exception of some online content, which has been developed by a co-operative of North West Higher Education Institutions that provide independent prescribing programmes. The core academic staff team comprises registered pharmacists with experience of working in clinical roles in primary and secondary care, four of whom are independent prescribers. This team will be supported by specialist practitioners, who will help in facilitating study days and contribute teaching materials for student self-study. While the staffing for the programme was considered adequate for the anticipated student numbers, there was clearly much work to be done in identifying appropriate staff to deliver the teaching of clinical examination and diagnostic skills. The team agreed that clinical examination and diagnostic skills are key areas for pharmacist independent prescribers and that the University did not have a clear strategy on how these would be developed and delivered within the programme. Accordingly, the team set a **condition** that the School must articulate a teaching and learning strategy for the acquisition of clinical examination and diagnostic skills, including details of who will be involved in such teaching, together with their roles and responsibilities.

Section 2: Pre-requisites for entry

The team was satisfied that all six criteria relating to the pre-requisites for entry will be met.

The admissions criteria require entrants to be registered as pharmacists with the GPhC or PSNI; this is checked against the respective registers. Information about the applicants' UK-based patient orientated experience including their work in clinics and the nature of the services provided is presented on the application form and checked through a professional reference. Where the applicant is a community pharmacist working in an isolated environment without a line-manager, the required evidence of experience will be obtained through the professional reference, which could be provided by a local general medical practitioner or through the applicant's professional network. Applicants will be required to specify their proposed area of practice and to supply two CPD records which must be relevant to their area of practice and must demonstrate the ability to reflect on their actions and to identify learning needs; where the intended area of practice is different from that in which they had previously worked, applicants would be required to gain experience in the area, and, accordingly, their entry to the programme would be delayed. Prior to application, students must ask their designated medical practitioners (DMPs) to read the DMP Guide and ensure that they understand their responsibilities, as well as the GPhC requirements, which will be sent out with the Guide.

Section 3: The programme

The team was satisfied that seven of the eight criteria relating to the programme will be met; the team was not satisfied that criterion 3.3 will be met – see below.

The programme has been designed to ensure that all learning and assessment are at the FHEQ Level 7 standard. Learning outcomes will be assessed through a number of activities, tailored to maximise the application of knowledge wherever possible and thus require recall and synthesis of complex information on a range of topics in order for the student to be successful. The staff acknowledged the importance of ensuring the students' familiarity with how the programme meets the 16 GPhC learning outcomes and agreed to make the mapping of the programme outcomes, module outcomes and the GPhC learning outcomes available to the students.

The teaching and learning strategy is focussed on the work-place role that the students will fulfil on completion of the programme. A blended learning, 'flipped classroom' approach will be used, with students acquiring theoretical knowledge through online, student-centred learning; face-to-face learning will address the application of knowledge. During the programme, students will do as much as possible within their intended role, this being demonstrated with support from their specialist tutors and DMPs. There is a strong focus on workplace-based learning with much of the learning involving application of knowledge to real-life or simulated activities; all applicants to the programme will be required to be currently employed in an appropriate practice role that would allow them to undertake the workplace-based activities in the syllabus. The theoretical aspects of clinical, physical examination and diagnostic skills will be covered through online learning, while participation in four study days will allow students to use the necessary equipment. This learning will be embedded throughout the programme, with the DMPs assessing their students' ability to undertake physical examination relevant to their area of prescribing. Four of the seven study days will be concerned with clinical skills. Demonstration of the application of their learning to the conditions for which they will be prescribing will be achieved both in the portfolio and through writing a complex case report based on their involvement in patient care, in which they will describe what they would have done if they had been the prescriber. Students will be required to attend all study days and will be supported throughout by their personal tutors, Specialist Tutors and their DMPs.

Given the team's concerns about the strategy for ensuring the acquisition of clinical examination and diagnostic skills (see section 1), the team set **a condition** that the School must articulate a teaching and learning strategy for the acquisition of clinical examination and diagnostic skills, including details of who will be involved in such teaching, together with their roles and responsibilities; this is to meet criterion 3.3.

Section 4: Learning in Practice

The team was satisfied that all five criteria relating to learning in practice will be met.

Students will need to arrange a suitable placement of at least 90 hours (12 x 7.5.h days) of supervised practice, supported by a DMP. The DMPs' suitability to supervise will be assessed through self-declaration as well as checking the GMC register to ensure that there is no annotation indicating unsuitability to supervise trainees. DMPs will either attend an induction session at the University or will undergo induction via a one-to-one induction to be held face-to-face or virtually via online video chat, or via telephone. This induction will include coverage of the student's Learning Contract which is a record of identified learning needs agreed with the DMP, as well as showing how the students will address them, and how they will evidence their competence. The induction session will also address how DMPs will determine their students' competence. The DMPs will be supported throughout the assessment process by the students' tutors. Students will learn the theory around clinical assessment skills through online and face-to-face activities; this theory will be translated to practice in the period of supervised practice, with the students being supported by their DMPs and, where appropriate, advised by their Specialist

Tutors. The DMP's role will be in teaching and consolidation, and helping the students to put their learning into practice; DMPs will not be expected to deliver any direct teaching. The DMPs role in assessment will be to sign off on the competence of their students against the single competency framework. The students' portfolios must demonstrate the achievement of the competencies. Failure in the period of supervised practice cannot be compensated by performance in other assessments. Indeed, no compensation can apply to any module and each module will require to be passed. The portfolio is marked as pass/fail and is also a 'must pass' assessment.

Section 5: Assessment

The team was satisfied that all four criteria relating to assessment will be met.

Several assessment methods are used in the programme, the balance of approaches ensuring that the full breadth and depth of knowledge and skills are assessed, while maintaining relevance to the workplace; wherever possible, assessments are linked to workplace-related practical activities, such as patient case studies and management plans. These assessments include verbal/oral and written coursework activities, as well as traditional written examinations and workplace-based assessments feeding into a professional development portfolio. OSCEs are also used to assess students' competence in a controlled environment and stations will include physical examination skills, clinical and drug history taking, neurological assessment and patient consultation, the last incorporating decision making in relation to prescribing; a widely accepted approach to standard setting will be used in marking the OSCE stations. Students will be required to pass every OSCE station, so that failure in one station will require the student to retake the whole OSCE at a later date. One resit attempt is allowed for any assessment. However, if students act, or fail to intervene, in a way that puts a patient at risk of harm, either in a real or simulated situation, including in any assessment within the programme, whether in the workplace or with the DMP, they will be automatically failed on the programme, with no opportunity for referral and no right to re-register. There are opportunities for formative assessment, including a formative OSCE and review of the students' portfolios, the latter being undertaken during tutorials. Formative discussions will also take place with the students' personal tutors, specialist tutors and with their DMPs, whom the students will meet periodically throughout the programme.

Section 6: Details of Award

The team was satisfied that both criteria relating to details of the award will be met.

Successful students will be issued with a certificate stating that they have been awarded the Practice Certificate in Independent Prescribing, having completed an approved programme of study for the Certificate of Professional Development in Independent Prescribing for Pharmacists and the required period of learning in practice. A certified copy of the pass list, containing names and GPhC registration numbers of successful students, will be forwarded to the GPhC following confirmation of the awards at each Board of Examiners.

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.