



Independent  
prescribing  
programme

London South Bank University

Report of a reaccreditation event

May 2017

## Event summary and conclusions

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| <b>Provider</b>               | London South Bank University   |
| <b>Course</b>                 | Independent prescribing programme  |
| <b>Event type</b>             | Reaccreditation  |
| <b>Event date</b>             | 04 May 2017  |
| <b>Accreditation period</b>   | July 2017 - July 2020  |
| <b>Outcome</b>                | <p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that London South Bank University should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to one condition and one recommendation.</p>   |
| <b>Conditions</b>             | <p>The condition is that the University must ensure its programme learning outcomes are accurately mapped to the GPhC learning outcomes, and that programme learning outcome C2 is reworded to cover GPhC learning outcome 4. The University must ensure that the correct outcomes are used across the course documentation and that the details of the GPhC learning outcomes must be clearly communicated to students and DMPs. The University must also revise its assessment strategy to ensure that the revised learning outcome is assessed within the programme. This is to meet criteria 2.5, 3.2 and 5.1.</p> |
| <b>Standing conditions</b>    | Please refer to Appendix 1   |
| <b>Recommendations</b>        | <p>The recommendation is that the University should devise a strategy for ensuring that a pharmacist student who misses a session on clinical examination and diagnostic skills can attend an equivalent teaching session. The team agreed that although this scenario had not arisen, it was important to have a strategy that ensured students do not miss this critical element of the programme.</p>   |
| <b>Registrar decision</b>     | <p>Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed it had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of three years.</p>   |
| <b>Key contact (provider)</b> | Helen Ward, Associate Professor/ Course Director   |
| <b>Accreditation team</b>     | <p>Professor Angela Alexander (event Chair), Emerita Professor of Pharmacy Education, University of Reading</p> <p>Professor Chris Langley, Professor of Pharmacy Law &amp; Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences.</p>  |

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| <b>GPhC representative</b> | Miss Jenny Clapham, Quality Assurance Officer, GPhC   |
| <b>Rapporteur</b>          | Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde<br>Proprietor, Caldaran Research (Educational and Writing Services) |

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

### Background

London South Bank University (LSBU) was accredited by the GPhC in 2014 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 4 May 2017 to review the programme's suitability for reaccreditation. The non-medical prescribing programme at LSBU was originally accredited by the Royal Pharmaceutical Society of Great Britain in 2003 for pharmacist supplementary prescribers, and subsequently in 2008 for pharmacist independent prescribing, with the last reaccreditation taking place in 2014 when the programme was reaccredited for a period of three years subject to the condition that the University must ensure that pharmacists are informed of the GPhC learning outcomes and how the teaching, learning and assessment opportunities support the pharmacists in achieving these outcomes. This was to meet criterion 3.2.

### 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 4 May 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of London South Bank University prescribing programme.

### Declarations of interest

There were no declarations of interest.

## Key findings

### Section 1: The programme provider

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

The University has been delivering prescribing courses for pharmacists since 2003. There have been some changes since the last reaccreditation in relation to restructuring the programme, including increasing the number of cohorts and moving one of the assessments. The University revalidation of the programme, due in 2015, was postponed and the period of validation has been extended from 2016 until the new standards of the Nursing and Midwifery Council (NMC) have been introduced.

There are currently four cohorts per year having contained 10, 20 and 20 pharmacists in the recent cohorts. The maximum number of students per cohort is normally 50 although the January 2017 cohort has 70 students. This larger cohort is ring-fenced for nurses following the Advanced Clinical Practice pathway, but exceptionally this year contains 5 pharmacists. The team reiterated that the GPhC approved four cohorts per year for pharmacist attendance, with a maximum number of students in the cohort of 50. The provider was reminded that the GPhC must be notified of any proposed programme changes.

The team was told that the total teaching staff WTE of 3.0 represents staff members devoted to the prescribing programme. The designated pharmacist has had teaching experience on the LSBU NMP course since 2006, and in addition to the designated pharmacist, the teaching team contains an associate lecturer and an occasional lecturer, both pharmacists.

The team agreed that appropriate quality assurance processes were in place and that there were sufficient staff and resources to support the programme.

### Section 2: Pre-requisites for entry

**Five of the six criteria relating to the pre-requisites for entry are met with one criterion met subject to an amendment. One criterion is not met and is subject to a condition.**

The GPhC and PSNI registration status of applicants is checked by an administrator on the basis of the applicant's electronic submission. Applicants who are not registered with the GPhC or PSNI are not eligible for the NMP course. The online application form requires students to write a personal statement to support their application and a declaration is required from the supporting organisation, where applicable. The team noted that the application form and course specification did not contain the correct wording in relation to the requirement for pharmacists to have two years' post registration experience in the UK which must therefore be amended.

As a rule, the University accepts students that are commissioned, but the provider recognised that self-employed pharmacists may wish to study for the qualification; in this case it will be necessary for the applicant to demonstrate a strong link to the NHS, for example, by working in a GP medical practice.

The DMP Handbook is generic and students are required to perform a learning needs analysis before their period of learning in practice. The student identifies a DMP at the time of their application and is furnished with documentation to inform the DMP of the requirements of the course and the period of learning in practice. However, the Course Director was unable to confirm that DMPs are made aware of the GPhC learning outcomes. Accordingly, it will be a **condition** of reaccreditation that the University must ensure that the correct outcomes are used across the course documentation and that the details of the GPhC learning outcomes must be clearly communicated to students and DMPs.

### Section 3: The programme

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

**recommendation. One criterion is not met and is subject to a condition.**

The programme is delivered at both Levels 6 and 7, both carrying 60 credits with the programme being made up of three modules which have to be taken together. The difference in the levels relates to assessment, with level 7 having more complex information to cover and requiring a greater depth of synthesis and analysis.

There is an early introduction to clinical skills in the laboratory and students are expected to take on board basic clinical skills. However, the team agreed that GPhC Learning Outcome (LO) 4 relating to the use of common diagnostic aids is not covered by the provider's learning outcomes. In addition, there were a number of inconsistencies in the mapping between the submission template and the Course Guide and the GPhC learning outcomes were not listed in full anywhere within the course documentation. Accordingly, it will be a **condition** of reaccreditation that the University must ensure its programme learning outcomes are accurately mapped to the GPhC learning outcomes, and that programme learning outcome C2 is reworded to cover GPhC learning outcome 4. The University must ensure that the correct outcomes are used across the course documentation and that the details of the GPhC learning outcomes must be clearly communicated to students and DMPs.

The programme is made up of 6 x 3 days face-to-face learning over 6 months, along with 49 hours of blended learning with the portfolio being the main opportunity for the pharmacist to demonstrate their learning to the conditions for which they will be prescribing.

The provider monitors progression by requiring 100 percent attendance, and by monitoring students' blended learning submissions. Personal tutors also are able to identify struggling students and offer help. Students that miss any of the teaching sessions are required to make up the missed material on the VLE (Moodle) but if they miss several sessions they will be required to join the following cohort to make up the missed work. If teaching staff or personal tutors become concerned by students missing teaching sessions then they will offer extra discussion or tutorial sessions. If, for unforeseen circumstances, several students miss a particular clinical skills teaching session then an extra session will be provided for the whole class, but this would not be possible for an individual student. The team agreed that although this scenario had not arisen, it was important to have a strategy that ensured students do not miss this critical element of the programme. It will therefore be a **recommendation** that the University devise a strategy for ensuring that a pharmacist student who misses a session on clinical examination and diagnostic skills can attend an equivalent teaching session.

#### Section 4: Learning in Practice

**All five criteria relating to learning in practice are met with one criterion met subject to an amendment.**

All DMPs receive a DMP guide which includes clear, practical guidance on helping pharmacists to complete the programme and on how they should be assessed in practice. There is a mix of new and experienced DMPs with experienced DMPs requiring little support from the university. There is no routine contact between the provider and the DMPs during the period of learning in practice but if the DMP has a query or concern then they are encouraged to contact staff at the University. The arrangements for the DMP sign off are in line with the GPhC requirements subject to a minor amendment to the wording and the period of learning in practice must be passed in order for the student to pass the course.

#### Section 5: Assessment

**Three of the four criteria relating to assessment are met with one criterion met subject to an amendment. One criterion is not met and is subject to a condition.**

A wide range of assessments are used on the LSBU NMP course to demonstrate that the learning outcomes for the course have been achieved. These include a pharmacology exam, drug calculation exam, 5 minute information giving OSCE, 3500 word case study, 10 minute history taking OSCE and a

practice portfolio. The team agreed that the use of the terminology OSCE was inappropriate for the two items of assessment identified as such as the generally accepted use of the term OSCE refers to an examination that relies for its validity and reliability on a multi-station approach.

The DMP assesses physical examination skills in relation to the student's own area of practice which is then written up by the student in their portfolio. There is no assessment of physical examination skills by the provider and the team agreed that these arrangements would not be in accord with any rewritten course learning outcome C2 as described in Section 3 above. Accordingly, it will be a **condition** that the University must revise its assessment strategy to ensure that the revised learning outcome is assessed within the programme.

The programme is a standalone course and the individual modules cannot be taken as separate modules, or count towards any other qualification.

All elements of the assessments have to be passed and the University Regulations state that two attempts at an assessment are allowed. If there is one outstanding element after two attempts, and the student passed four or more assessments at the first attempt, then an exceptional third attempt is allowed.

Issues relating to patient harm will result in referral and the outcome depends on the seriousness of the case. Serious issues will result in withdrawal of students from the programme. The team agreed that the statement relating to referral should be amended to emphasise that withdrawal would be the appropriate outcome where an answer or omission would result in serious patient harm.

## Section 6: Details of Award

**Both of the criteria relating to details of the award are met.**

On completion of the programme students are awarded a Practice Certificate in Independent Prescribing and the course administrator is responsible for sending the pass list to the GPhC. The provider was reminded that the successful students should apply to register their annotation with the GPhC and that it is the responsibility of the student to contact the GPhC.

## 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.