

General  
Pharmaceutical  
Council

---



Independent  
prescribing  
programme

University of Manchester  
Report of a reaccreditation event  
July 2017

## Event summary and conclusions

<b>Provider</b>	University of Manchester
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	4 July 2017
<b>Accreditation period</b>	September 2017 - September 2020
<b>Outcome</b>	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Manchester should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years.
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Registrar decision</b>	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of three years.
<b>Key contact (provider)</b>	Dianne Bell
<b>Accreditation team</b>	Dr Ruth Edwards (Chair), Senior Lecturer & MPharm Course Leader, Robert Gordon University Professor Angela Alexander, Professor Emerita, School of Pharmacy, University of Reading
<b>GPhC representative</b>	Miss Jenny Clapham, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Professor Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde Proprietor, Caldavan 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/ukxi/2010/231/contents/made>

## Background

The University of Manchester 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 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. The accreditation process was based on the GPhC’s 2010 accreditation criteria for Independent Prescribing. The accreditation team agreed to recommend that the University of Manchester should be accredited as a pharmacist independent prescribing programme provider for a period of 3 years, with a monitoring visit after the first cohort of pharmacists complete the programme, subject to 2 conditions: 1) for quality assurance purposes, all Universities offering newly accredited Independent Prescribing Programmes will be expected to undertake an evaluation of the teaching provided to enable students to develop clinical examination skills, once the first cohort has completed the programme. The evaluation must include assessment results for this essential core element and feedback from students on the teaching provided (Standard condition for all new prescribing programme providers, satisfied in 2015), and 2) that the School review and revise its proposed assessment of competence to ensure reliability and validity, and for conformation to current best practice. In line with the GPhC’s process for reaccreditation of independent prescribing programmes, an event was scheduled on 4 July 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 4 July 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Manchester prescribing programme.

## Declarations of interest

There were no declarations of interest.

## Key findings

### Section 1: The programme provider

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

The programme is provided by the Division of Pharmacy and Optometry, and the Division of Nursing, Midwifery and Social Work. All the courses delivered by Pharmacy are subject to a 5-yearly periodic review, the last one of which took place in 2015, shortly after the initial accreditation of the course. Accordingly, the next periodic review is due in 2020/21, but will possibly be delayed by a recent

University restructure. All internal quality assurance procedures have been adhered to. Annual Monitoring, in which the Division of Pharmacy and Optometry undertake a full review of the programme, including external examiner reports, student feedback and a self-review by the programme team, is reviewed at School of Health Sciences and Faculty of Biology, Medicine and Health levels.

Two simulation suites provide examination equipment as well as a clinical setting, and uses medical actors, adult and paediatric SimMan® to illustrate abnormal physiology. The core teaching staff consists of two pharmacist independent prescribers, one of whom is the course leader, a nurse independent prescriber, and two medical doctors with backgrounds in clinical skills teaching. WTE. The current maximum cohort size is 24 with two cohorts of four months per year in September and February. From 2017/18, the university plans to introduce more flexible exit points with four and six month completion times with the cohort size for a combination of nurses and pharmacists restricted to 20 students, but to run four cohorts per year. Pairs of cohorts will overlap, with the first cohort undertaking the physical examination and consultation skills followed by the face-to-face workshops and completing their period of learning in practice all within four months. The second cohort will take the workshops first, at the same time as the first cohort, and will then take the physical examination and consultation skills component with an additional three months to allow completion of the period of learning in practice, giving an overall course length of six months. The team approved the proposal to increase the provision to four cohorts of 20 students per year. The total WTE teaching time allocated to the current programme is 0.6WTE plus sessional teaching and an estimated extra 1.0WTE commitment to cover the increased student throughput will take the total teaching commitment to 1.6 WTE.

## Section 2: Pre-requisites for entry

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

The course application form requires details of the regulator and registration number which is verified against the relevant register, including the possibility of any fitness to practise sanctions, by an admissions officer in advance of the shortlisting process. The applicant's manager confirms that they have at least two years of post-registration patient-facing practice which is verified from their employment history and during the interview which also covers scope of practice, experience and ability to prescribe on qualification. Self-employed pharmacists complete the application form themselves and a different approach is then adopted in the interview, and with the teaching team paying particular attention to the applicant's references. The GMC registration of the proposed DMP is verified in advance of shortlisting. DMPs are required to attend an induction webinar where the course is introduced, and polls are conducted to verify understanding of the role. An abridged DMP version of the course handbook is sent to all DMPs and currently a nomination pack is being assembled with all the relevant information for prospective DMPs. The webinar is recorded and a link to the recording sent to any DMP who is unable to attend; this is followed up with a phone call to verify understanding of role.

## Section 3: The programme

### **All eight criteria relating to the programme are met with one criterion subject to the amendment of a learning outcome**

The programme is taught at Masters level only and comprises two 15-credit units. The learning outcomes have been mapped to FHEQ (2008) level 7 descriptors, and the programme aligned to ensure assessment and content reflect that of a Masters programme. However, the team considered that GPhC Learning Outcome 4 is not fully covered by the provision's mapped learning outcome which states "select and use diagnostic aids relevant to the conditions which the practitioner intends to prescribe." The team was assured that use of a range of common diagnostic aids was being taught and assessed on the programme and the provider agreed that the wording of the learning outcome mapped to the GPhC learning outcome 4 would be amended. The programme is delivered in a blended, flipped classroom format with the e-learning component of the programme using the BlackBoard® learner management system (LMS). Planning and direction of the pre-work ensures that students acquire knowledge and understanding

before attending the face-to-face workshops where they explore application through interactive activities. Face-to-face teaching sessions are directed towards hands-on practical skills, including history-taking and physical examination skills, and topics where supported exploration of a wide range of ideas is beneficial, e.g. clinical reasoning, public health and law/ethics. Clinical skills teaching takes place over two days and practical skills make use of simulated environments and simulated patients which affords real life experience and awareness of abnormal findings. Additional sessions with the Sim-man® are available for students who wish to undertake further practice of examination skills in a simulated environment.

Teaching and learning time comprises 60 hours face-to-face taught (15 of which are clinical skills teaching), 126 hours online taught and directed learning, 90 hours practice time with the DMP, and 24 hours of private study. Students are supported to identify their learning needs through diagnostic use of the Royal Pharmaceutical Society prescribing competency framework and use this to agree a learning contract with their DMP at the start of the programme. Student progression is monitored by a series of mechanisms including formative assessments that are used to inform the completion of the student's portfolio which is seen by the students' academic advisors, concentrating on history-taking and patient feedback. Feedback on progress is given during group or individual tutorials. Attendance registers are taken at each face-to-face teaching session and passed to the Programme Director who is responsible for monitoring attendance. Full attendance is required but the team was concerned that assessments can be taken and passed without full attendance, although students are unable to progress to complete the course until the missed attendance has been made up. The provider was unsure of its rationale, opining that in the early years of delivery of the programme the cohort entry points were widely spaced out, resulting in students having to wait a long time for a subsequent assessment round; the new, proposed approach involving a larger number of cohorts was cited as a method of overcoming this problem.

#### Section 4: Learning in Practice

##### **All five criteria relating to learning in practice are met**

Guidance is issued to DMPs in the DMP handbook to outline the DMP's roles and responsibilities with regard to mentoring and assessment. However, student feedback suggested a need to improve DMP information. Although the provider has adopted a light touch with DMPs, making contact by telephone or SKYPE, it was stated that DMPs are now familiar with the course and its requirements. DMPs are advised that they must ensure that students meet all of the GPhC learning objectives and provide evidence of successful completion of learning in practice. DMPs will review the student's portfolio as a means of more objectively assessing this. Two days of University-based teaching for pharmacists is devoted to the practical teaching of clinical skills. The DMP is required to support the student to build on these skills in a real-life environment and allow the students to apply theory to practice. The student and DMP will together identify examination skills required in the intended area of prescribing practice. The student's Clinical Examination Skills log is supplied to both the student as a learning tool and to the DMP as a means of assessing student performance in clinical skills. Failure in the period of learning in practice cannot be compensated by performance in other assessments, and this is made clear to students in the Student course handbook.

#### Section 5: Assessment

##### **All four criteria relating to assessment are met with two criteria subject to updating the Programme Specification and course documentation**

The submission listed four elements of summative assessment: a six-station OSCE that assesses consultation skills, physical examination skills, clinical decision-making skills and prescription-writing, an MCQ and short answer examination to assess knowledge and decision-making, a written case study to allow assessment of application of theory to practice, and a reflective e-portfolio as a critically reflective account of students' time in practice. The external examiner's suggestion that the number of OSCE stations be increased from four to six has been adopted, and the Ebel method has replaced the linear

regression methodology for standard setting. The team was confused about the status of the 3000-word case study and was told that it now forms a part of the portfolio as the portfolio system within Blackboard lends itself to a check for plagiarism. The portfolio allows the demonstration of specific competences and the case study brings this together in a form that, despite contributing to the portfolio assessment, is still assessed separately. The team agreed that the course documentation and Programme Specification required updating to clarify this issue for students.

The programme is stand-alone and assessed as a freestanding programme. There are no shared parts, but credit from the programme can be used towards other awards, for example, alongside the school/consortium's Advanced Clinical Skills (ACS) short course as part of the Advanced Specialist Training in Emergency Medicine (ASTEM) certificate. The programme has received dispensation from the University assessment regulations in that each assessment carries a pass mark of 50% with the exception of the numeracy examination (which must be passed at 100%) and the MCQ examination (which must be passed at 80%). In order to successfully complete the course, the student must have successfully completed all assessments independently. OSCE stations are validated prior to use for a final examination. There is no compensation between the elements of assessment, and students must pass each element independently. Students are offered the possibility of sitting assessments remotely using webcams and remote monitoring software, including keystroke and mouse loggers. Although all students are offered this possibility at the outset of the course, there has been only a small uptake, mainly due to the incompatibility of the software with mobile devices and Apple computer systems; there have been no problems with students who have used the remote system. Students are permitted to re-sit a failed element of assessment on one occasion only. However, achieving a 'fail' in practice, as determined by the DMP, will not be subject to a resit attempt, and students who fail their time in practice will fail the course. The submission stated that failure to identify a serious problem that by act or omission would cause harm to patient will result in failure of the programme. However, the team noted that this was not stated consistently in all the course documentation. The provider confirmed that any issue regarded as unsafe practice will constitute an automatic fail of the course. The team agreed that the Programme Specification and course documentation must be updated to make this issue clear to students.

## Section 6: Details of Award

### **Both criteria relating to details of the award are met with one criterion subject to correction of wording**

Successful candidates will be awarded a certificate in independent prescribing by the University of Manchester, confirming that they have successfully completed all assessments including the period of learning in practice, and following ratification by the examination board. The team noted that the word "Practice" was missing from the certificate and therefore needs to be added.

## 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.