

Reaccreditation of an Education and Training Programme to prepare Pharmacist Independent Prescribers, Robert Gordon University

Report of a reaccreditation event, 16 May 2016

Introduction

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 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 Robert Gordon University (RGU) was reaccredited by the GPhC in 2013 to provide a programme to train pharmacist independent prescribers, for a period 3 years. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled 16 May 2016 to review the programme's suitability for reaccreditation. The reaccreditation process was based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

Background

The RGU programme was subject to reaccreditation on 23 May 2013. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council that the University should be accredited as a pharmacist independent prescribing provider for a further period of three years subject to one condition.

The condition was:

The pass mark and descriptor on all assessment criteria must reflect safe and effective practice.

This is because team views the current pass descriptor describing 'barely adequate synopsis of the background information to the disease states and drugs used in the case. Barely adequate systematic contextualisation and application of the background information to the patient presented in the case' as not acceptable for demonstrating safe and effective practice.

This was to meet criteria 5.3 and 5.4. This condition had to be met before the intake of the next cohort of pharmacists onto the programme. In response, the pass mark for all components of assessment was raised to 40% to achieve a non-compensatable pass, and all assessment criteria were adapted for the demonstration of safe and effective practice. These changes were approved by the re-accreditation panel in August 2013 and no further changes have been made subsequently to the marking and assessment criteria.

Documentation

The University provided copies of its application documentation in advance of the visit, in line with the agreed timescales. The application documentation was reviewed by the panel and it was deemed to be satisfactory to provide a basis for discussion.

The event

The event was held on 16 May 2016 at the General Pharmaceutical Council, Canary Wharf, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the Robert Gordon University prescribing programme.

The Accreditation Team

The GPhC accreditation team ('the team') comprised:

Name	Designation at the time of accreditation event
Professor Jane Portlock	Accreditation team member (Chair of event), Professor of Pharmacy Practice, University of Portsmouth
Professor Chris Langley	Accreditation team member, Head of the School of Pharmacy, Aston University & Associate Dean, Taught Programmes, School of Life and Health Sciences

along with:

Name	Designation at the time of visit the accreditation event
Ms Jenny Clapham	Quality Assurance Officer, General Pharmaceutical Council
Professor Ian Marshall	Rapporteur, Emeritus Professor of Pharmacology, University of Strathclyde, Proprietor, Caldarvan Research (Educational and Writing Services)

Declaration of potential conflicts of interest

Professor Portlock stated that she had acted as an external examiner at Robert Gordon University some 10 years ago.

Professor Marshall stated that he had acted as an advisor at the time of the University's establishment of its OSPAP course some 10 years ago.

The accreditation criteria

	Accreditation team's commentary
Section 1: The programme provider	<p>All of the 4 criteria relating to the programme provider are met. (See Appendix A for criteria)</p> <p>The major changes to the provision since the last reaccreditation in 2013, have been the School's move to its new campus at Garthdee which has provided additional capacity including a Professional Skills Centre, the meeting of the condition imposed in 2013 by increasing the pass mark to 40% and changing the criteria to achieve this pass mark, the increased number of students on the course from one cohort of up to 50 students every other year, to two cohorts of 75 students per year as a result of the Scottish Government recommendation that all pharmacists practising in Scotland should be independent prescribers by 2023. The Pharmacist Independent Prescribing programme is a short course that does not require University validation but it was included in the University validation of the MSc in Clinical Pharmacy Practice in October 2014, and in the Institution-led subject review in October 2015. The total staff input to the programme was estimated as 1.6 WTE, including input from hospital consultants and GPs. The current course co-ordinator, a GPhC registrant, was appointed in 2015 and has experience with both the design and delivery of both the pharmacist independent prescribing programme and the non-medical prescribing programme for nursing staff within the School of Nursing and Midwifery. A 0.6 WTE practising pharmacist independent prescriber who has undertaken an Advanced Clinical Skills course teaches the physical examination skills element of the course during the residential week, teaches communication and negotiation skills and advises students in developing their learning plans for the period of learning in practice. The on-line distance learning teaching and learning element of the course is delivered via RGU's Virtual Learning Environment (VLE), Campus Moodle. The University-based 5-day residential period takes place in the recently-opened Sir Ian Wood Building which forms part of the new University Campus on Garthdee Road. The School includes a Pharmacy Simulation Centre which provides nine discrete simulated pharmacy practice areas with optional video recording facilities. The adjacent Faculty of Health and Social Care hosts a large clinical skills centre which includes a simulated ward environment, simulated care home setting and a simulated intensive medicine unit. The team was told that the teaching rooms were capable of accommodating the entire cohort of 75 students, except for the clinical skills teaching, for which the cohort would be sub-divided into smaller groups.</p>
Section 2: Pre-requisites for entry	<p>All of the 5 criteria relating to pre-requisites for entry are met.</p> <p>All entrants must complete the application form which requires their GPhC/PSNI registration number. Registration with the GPhC or PSNI is a stated requirement for entrance to the course. In addition, the NHS Director of Pharmacy/Chief</p>

	<p>Pharmacist/line manager of the sponsoring organisation must approve and support the application and confirm that the details given by the applicant are correct. For independent, self-employed pharmacists, in the absence of a line manager/Chief Pharmacist a reference from a suitable alternative (e.g. pharmacist or medical practitioner) with whom the pharmacist has worked is acceptable. The team was told that in Scotland there is a clear structure to enable self-employed pharmacists to obtain suitable support for their application from the relevant health board. The School does not tailor the provision to accommodate applicants with a differing range of backgrounds and experiences, but rather has a policy that the programme should be generic in nature while allowing students to extend their practice through their practice portfolio. Designated Medical Practitioners (DMPs) sign to confirm their agreement to supervise the student during the PLP, provide supervision, support and shadowing opportunities and their familiarity with the requirements of the programme and the Department of Health Guidance (2001). The team noted that the DMPs are not required to sign to confirm that they agree to their role in the summative assessment of students' physical examination skills.</p>
<p>Section 3: The programme</p>	<p>All of the 8 criteria relating to the programme are met.</p> <p>The programme consists of one 30 SCQF-credit module delivered at Scottish Credit Qualifications Framework (SCQF) level 11 (Master's level) and the module descriptor describes the aim and learning outcomes of the course. The Course Specification: Core Award Data provides a detailed description of how the level learning outcomes of the SCQF apply to this course. The team considered that the credit rating of the programme was low compared to other such similar provisions, but the provider told the team that the credit rating was based on the principle of 10 credits representing 100 hours of student effort and that the course consisted of 300 hours of student effort, plus the mandatory CPD requirements. There are two learning elements to the course; University-based learning and the period of learning in practice (PLP - 90 hours). The University-based learning element comprises 210 hours of notional student effort, 35 hours of which is delivered by face-to-face contact during the residential period. The remaining 175 hours are delivered by self-directed private study supported by Campus Moodle. The course places emphasis on in-depth knowledge of clinical conditions for which the pharmacist will prescribe, including pathophysiology, presenting signs and symptoms, clinical pharmacology, evidence-based therapeutics, monitoring for effectiveness and toxicity, and counselling and advice. While the course is designed to develop a more generalist approach to the student's prescribing skill set, students are given the opportunity to select one therapeutic area on which to focus their studies. As the course is delivered on a part-time basis, students may take 6-9 months to complete the course. As a result of many students taking longer than 12 months to complete the programme, often due to pressures at their place of work, there had recently been introduced a maximum period to complete all assessment components in 12 months from course start date. Failure to complete all assessments within 12 months results in a course fail. Attendance at the residential period is a mandatory course requirement. No recognition or reduction of learning time for previous learning or experience is permitted in the course. All pharmacists are required to undertake the course in its entirety regardless of previous learning or experience.</p>

<p>Section 4: Learning in Practice</p>	<p>Three of the 5 criteria relating to learning in practice are met.</p> <p>Once the student has successfully enrolled on the programme, the DMP is contacted by the course co-ordinator via email and provided with access to the Independent Prescribing Module (PHM028) on Campus Moodle. The team was told that there is a halfway report on the PLP and that it is intended to hold tripartite meetings, by phone, email or Skype, between the DMP, the School and the pharmacist to consider progress. It is made clear to the DMP that they have overall responsibility for the supervision of the 12-day PLP and that they are required to sign the student off as competent on all agreed tasks. Performance in other assessments does not compensate for failure in the PLP. In this respect, it was confirmed to the team that each component of assessment must be passed individually and the team agreed that, for the benefit of students, this could be expressed more clearly in the Module Performance Descriptor. The team learned that although generic physical examination skills are taught by the 0.6 WTE practising pharmacist independent prescriber during the residential week, the OSCE that takes place during the same week does not include a summative assessment of such skills. Rather, the DMP is responsible for the summative assessment of such skills; this does not include any formal or prescribed assessment exercise. The team was unable to ascertain how the summative assessment of the student's physical examination skills, taking place outside the University, is quality assured by the University. Therefore, it will be a condition of reaccreditation that the University must articulate a strategy for the assessment of physical examination and diagnostic skills and implement a valid and reliable quality assurance process for this assessment. The team agreed that these are key learning outcomes for pharmacists and that the current summative assessment of these skills which occurs within the period of learning in practice is not articulated clearly, and that the assessment is not fully under the control of the University QA procedures. Therefore the University must provide the GPhC with evidence of how it will achieve a robust and consistent assessment of physical examination and diagnostic skills.</p>
<p>Section 5: Assessment</p>	<p>Three of the 4 criteria relating to assessment are met.</p> <p>The range of assessment techniques utilised in the course includes short answer/multiple choice questions, short essays, longer essays, case studies, oral presentations, formal reports on practical assignments, and OSCEs, along with the assessment of the portfolio associated with the PLP. The programme is freestanding and will be assessed separately from any other programme. However, the programme is available as an elective option during the PgDip stage of the MSc Clinical Pharmacy Practice. As in Section 4 above, the team was unable to ascertain how the summative assessment of the student's physical examination skills, taking place outside the University during the PLP, is quality assured by the University. As a result, it will be a condition of reaccreditation that the University must articulate a strategy for the assessment of physical examination and diagnostic skills and implement a valid and reliable quality assurance process for this assessment. The team noted the useful Harm Guidance Document for Staff and Students which showed how any inappropriate, inconsistent or incomplete action/decision by a student which did not result in patient harm student should be reflected in</p>

	<p>the marking of the assignment, and that any resultant failure could be retrieved at a re-assessment opportunity after appropriate discussions with the course teaching staff. In contrast, if any such action did result in patient harm, then the student would not be allowed to continue on the course; the team was told that the School had not experienced such an issue. In the latter circumstances, the student would not be allowed to re-take the programme at RGU.</p>
<p>Section 6: Details of Award</p>	<p>Both of the 2 criteria relating to details of the award are met.</p> <p>Successful students will be awarded a 'Practice Certificate in Independent Prescribing' that confirms the student has completed the course and the PLP. All students who complete the programme will have their performance ratified at the postgraduate programmes assessment board which is conducted in accordance with the University's organisational regulations and decisions made in accordance with the University's academic regulations. A pass list will be certified by the convener of the assessment Board (normally the Head of School) and will contain the names and registration numbers of the pharmacists who are eligible to apply for annotation as independent prescribers. This list will be sent to the Registrar of the GPhC via the Applications Team.</p>

Summary and Conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that Robert Gordon University should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to one condition.

Condition:

1. The University must articulate a strategy for the assessment of physical examination and diagnostic skills and implement a valid and reliable quality assurance process for this assessment. The team agreed that these are key learning outcomes for pharmacists and that the current summative assessment of these skills which occurs within the period of learning in practice was not articulated clearly and that the assessment was not fully under the control of the University QA procedures. Therefore, the University must provide the GPhC with evidence of how it will achieve a robust and consistent assessment of physical examination and diagnostic skills. This is to meet criteria 4.1, 4.2 and 5.1.

The University must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the programme.

Standing conditions of accreditation:

1. The full record and report include other comments from the team and the Registrar regards the record and report in their entirety as the formal view on provision. Providers are required to take all comments into account as part of the reaccreditation process.
2. Any required amendments to be made to documents for accuracy or completeness have been identified and are detailed in the record. The provider must confirm the changes have been made but the GPhC does not require documents to be submitted for its approval.
3. Once agreed by the Registrar, the definitive version of the record and report will be sent to the provider for their records. 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. The record remains confidential to the provider and the GPhC.
4. On an annual basis, all institutions and other providers approved by the GPhC must give such information and assistance as the GPhC may reasonably require including changes to the curriculum and/or resources.

The provider was asked to note the following:

1. The programme is not reaccredited until approval has been given by the Registrar and all conditions have been met satisfactorily.

2. The team's recommendations are not binding on the Registrar, who may accept, modify or reject them.
3. This feedback is confidential until it has been ratified by the Registrar of the GPhC but it may be shared with staff and students internally.

The *Pharmacy Order 2010* states:

Part 5 Education, training and acquisition of experience and continuing professional development

Information to be given by institutions or other providers

46. (3) Whenever required to do so by the Council, any institution or other provider to which this article applies must give to the Council such information and assistance as the Council may reasonably require in connection with the exercise of its functions under this Order.
- (4) Where an institution or other provider refuses any reasonable request for information made by the Council under this article, the Council may, in accordance with article 47, refuse to approve or withdraw approval from, any course of education or training, qualification, test or institution or other provider to which the information relates.

For full details of the legislative obligations and powers of the General Pharmaceutical Council, please refer to the *Pharmacy Order 2010*.

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

Following the above event, the provider submitted documents to address the condition of reaccreditation and the accreditation team was satisfied that this condition had been met. The Registrar of the GPhC subsequently accepted the team's recommendation and approved the programme for reaccreditation for a further period of three years, until the end of August 2019.

Appendix A

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 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 Registration Manager, 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 B

Independent Prescribing Programme Learning Outcomes

All GPhC accredited independent prescribing courses need to ensure that following qualification pharmacist independent prescribers are be able to:

- 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.
- Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.
- 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.
- Use common diagnostic aids e.g. stethoscope, sphygmomanometer
- Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.
- 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

- 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.
- 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.
- Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.
- Prescribe, safely, appropriately and cost effectively.
- Work within a prescribing partnership.
- Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.
- Demonstrate an understanding of the public health issues related to medicines use.
- Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.
- Work within clinical governance frameworks that include audit of prescribing practice and personal development.
- Participate regularly in CPD and maintain a record of their CPD activity.

Appendix C

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.