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

Report of a reaccreditation event, 6 May 2015

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.

Background

The University of Strathclyde was accredited by the Royal Pharmaceutical Society of Great Britain in December 2007 to provide a programme to train pharmacist independent prescribers for a period of three years. The course was reaccredited for a further three years by the GPhC in April 2011 and a one year extension was subsequently granted. In line with the GPhC’s process for reaccreditation of independent prescribing programmes, an event was scheduled on 6 May 2015 to review the programme’s suitability for further reaccreditation. The accreditation process was based on the GPhC’s 2010 accreditation criteria for Independent Prescribing.

The April 2011 reaccreditation was subject to the provider meeting six conditions before the intake of the next cohort. One recommendation, concerning the maximum period allowed for completion of the course, was also made. The conditions included provision of material available to potential students; a document to show the mapping of the learning outcomes; amendments to the course handbook to include a statement regarding safety in prescribing; evidence of mechanisms to ensure currency of knowledge and competence of prescribing skills during the course; evidence of a proactive mechanism for support of the DMP and evidence that the methods of assessment were consistent with safe and effective prescribing. All six conditions had been met to the satisfaction of the GPhC following the event and before the intake of the next cohort of students.
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 6 May 2015 at the GPhC’s offices, London, and comprised of private meetings of the accreditation panel and meetings with University management and staff associated with the programme.

The Accreditation Team

The GPhC accreditation team (‘the team’) comprised:

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<tr>
<th>Name</th>
<th>Designation at the time of accreditation event</th>
<th>Meetings attended</th>
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<tbody>
<tr>
<td>Mr Mike Pettit</td>
<td>Accreditation team member (Chair of event), Lead Pharmacist for Women’s and Children’s Division, Brighton and Sussex University Hospitals NHS Trust Children’s Division, Royal Sussex County Hospital</td>
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<tr>
<td>Professor Angela Alexander</td>
<td>Accreditation team member, Professor of Pharmacy Education and Director of the Centre for Inter-Professional Postgraduate Education and Training, University of Reading</td>
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along with:

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<th>Name</th>
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<tr>
<td>Miss Jenny Clapham</td>
<td>Quality Assurance Officer, General Pharmaceutical Council</td>
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<tr>
<td>Mrs Philippa McSimpson</td>
<td>Quality Assurance Officer, General Pharmaceutical Council (Rapporteur)</td>
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Declaration of potential conflicts of interest

No potential conflicts of interest were declared.
The accreditation criteria

<table>
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<tr>
<th>Section 1: The programme provider</th>
<th>Accreditation team’s commentary</th>
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<td>All four criteria relating to the programme provider will be met once evidence has been provided of University validation of the programme changes (See Appendix A for criteria).</td>
<td>The programme is provided by the Strathclyde Institute of Biomedical Sciences (SIBS) which is experienced at delivering prescribing programmes for pharmacists. The team was satisfied that the provider has appropriate quality assurance mechanisms in place and was reassured to hear of the arrangements for supporting external examiner’s to ensure that they understand the programme requirements and the standard requirement to achieve a pass. The provider detailed a number of changes to the programme including changes to the face to face teaching schedule to include an increased number of sessions dedicated to the teaching of clinical examination and diagnostic skills, a change to the timing of the OSCE to position it later in the programme, a change to the type of assessment used to assess a change to the therapeutics class, a change to the maximum time permitted to complete the programme and a revised application process. The team reviewed all changes in details and was satisfied that these were appropriate and agreed that they appeared to be improvements to the programme. The team requested that evidence be provided to confirm that these changes had been approved at university-level. The team was satisfied that appropriately qualified and experienced staff design and deliver the programme and that the programme receives appropriate input from pharmacists. The team had some concerns regarding staff resources given that the programme funding has increased and the number of cohorts and number of students will be much larger in future. The team was reassured however to hear that the school of pharmacy was currently recruiting three additional lecturer posts and one additional administrative post, all of which would provide input to the prescribing programme as part of their role.</td>
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<tr>
<th>Section 2: Pre-requisites for entry</th>
<th>All six criteria relating to pre-requisites for entry are met.</th>
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| All entrants must complete an on-line university application form to apply for the programme, and those who are seeking NES funding must additionally complete an online NES application. The application process has been modified since the last reaccreditation event to make it more robust including the introduction of a checklist for eligibility criteria, and the provider now requests details of undergraduate study and of employment since initial registration. Only registrants of the
GPhC or PSNI are permitted to undertake the programme and the applicant’s registration number is requested and verified on entry. Applicants are required to have 2 years’ appropriate patient facing experience which is verified through employment history and provision of two references. For self-employed or locum pharmacists, in the absence of a line manager, the provider would accept a reference from a suitable alternative such as a pharmacist or medical practitioner who the pharmacist had worked with within the last five years.

All entrants are required to state on the course application form the area in which they intend to prescribe and this is verified by the employer for NES-funded places and through the reference for non-funded applicants. If an applicant wished to prescribe in a new area of practice, they must demonstrate that they had the necessary knowledge in this area and to identify how they would ensure they would be appropriately supported whilst working in this new area of practice. All entrants are required to provide information about their CPD on their application forms, and must provide a sample of three CPD entries for review by the provider which have been prepared using the GPhC approved format.

The DMP is required to complete a section of the course application form, confirming that they have the appropriate qualifications and experience of the role and are prepared to provide the required level of supervision and support. This information is checked against the GMC register and additional suitability checks are made by NES for those receiving funding and by the provider for non-funded places. At this stage any additional support needs are also identified. The DMP also receives the DMP Handbook from the student which gives details of the role and the GPhC learning outcomes. DMPs are also provided with access to the programme’s VLE where they can view programme materials and seek support via this method should they wish.

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**Section 3: The programme**

All eight criteria relating to the programme are met.

The course is taught at Scottish Higher Education (SHE) Masters level 5, which is equivalent to Scottish Credit and Qualification Framework (SCQF) level 11. The team reviewed the provider’s document which mapped the GPhC’s learning outcomes to the programme learning outcomes and assessment in conjunction with the Class Descriptors. They noted a discrepancy in the ‘Care Planning’ class and the teaching and assessment of GPhC learning outcomes 4 and 5. The team advised that the programme documentation would need to be revised to make clear how all of the class content was being assessed, this might be achieved by including the portfolio as part of the assessment strategy for this particular class. All students are provided with a mapping of the programme learning outcomes to the GPhC’s outcomes.

The team understood that the provider had made a change to the teaching timetable for the residential part of the course to include an additional 1.5 days of teaching in relation to clinical assessment and diagnostic skills. The team agreed that
this was a positive move and were reassured that no content had been removed and that the previous content had been condensed where appropriate and had been supplemented with self-directed learning. One of the clinical skills sessions and the diagnostic session are taught by a medic and the second clinical skills session is taught by a group of pharmacist prescribers, an arrangement which has worked well in preparing students for managing patients over time.

Students are expected to work mainly within their therapeutic area during the period of learning in practice, where, under the supervision of the DMP and other healthcare professionals (including other non-medical prescribers), they develop skills to meet the specific competencies relevant to the patient group for which they were expected to prescribe. The students are given the opportunity to discuss with members of the course team appropriate learning activities for their proposed area of practice. In addition to being signed-off by the DMP, students submit a portfolio of evidence to validate this.

The programme is equivalent to 300 hours or 38 days of study in total. The time from enrolment on the course and completion of the residential element is approximately three months. This includes the pre-course therapeutics class and the five-day residential period. The post-residential period work then takes another three months to complete and includes the OSCE assessment and the post-residential period essays. The period of learning in practice begins on completion of the residential period and is normally completed within 12 months. Students must attend all sessions of the residential course and the OSCE assessment, and students are required to sign in to confirm attendance at each session. Progress is monitored through the post-course work and feedback processes in place and through regular portfolio review sessions. The provider confirmed that non-attendance was dealt with on an individual basis by one of the Course Management team (CMT). If a session was missed, additional sessions might be arranged or they would be required to wait to attend the next residential course. The decision would depend on the session that was missed and reason for non-attendance. The provider did not have a written guide concerning this decision-making process and the team recommended that the provider develops a guide to ensure that the approach to decisions made by the CMT in relation to the attendance policy is consistent.

There are no arrangements for recognition of prior learning and attendance at all residential sessions is compulsory.

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<th>Section 4: Learning in Practice</th>
<th>All five criteria relating to learning in practice are met.</th>
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<td>Each DMP is provided with a DMP Course handbook providing details of their role, the learning outcomes and the competencies, and a guide for assessing the student. These documents are also available on the provider’s VLE along with an FAQ section and contact details to get in touch with the programme team should they have additional questions or need further support. A new discussion board has also been set up to provide an online forum for DMPs. At the start of</td>
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the programme the Course Organiser makes initial email contact with each DMP and once the learning in practice period is underway the Course Organiser makes contact on a monthly basis to ensure all is running smoothly. The DMP signs prepared declarations within the portfolio confirming completion of the period of learning in practice and the pharmacist’s competence as an independent prescriber. The course regulations state that all classes and the period of learning in practice must be passed and that there is no compensation between classes or the period of learning in practice.

### Section 5: Assessment

All four of the criteria relating to assessment will be met once documentary evidence has been received of approval of the unsafe practice re-sit policy by the University’s Academic Board.

The assessment strategy comprises MCQs and essays to assess knowledge, understanding and reflective practice. An OSCE is used to assess communication and consultation skills and the ability to prioritise in the management of patients. The portfolio of evidence is used to determine that the competencies and learning outcomes for the period of learning in practice have been achieved. All the assessments were designed to be as relevant as possible to the student with a practical focus. The OSCE consists of three stations covering two consultations with one patient. The team noted that there was no physical examination of the patient, and due to the limited number of stations, they also questioned whether this assessment was in fact an extended patient scenario, rather than an OSCE.

All essay and OSCE assessments are prepared in consultation with practising pharmacist prescribers. The assessments are marked by the course team or by specialists who are accredited by the University. A proportion of all summative assessments are double marked to ensure consistency and quality. All fails are double marked. Students are required to submit a portfolio of evidence in support of their period of learning in practice and completed competencies. The evidence is reviewed by a team of assessors to ensure that it is sufficiently robust to support the claim of competence. Progress is monitored through a formal Exam Board within the department, subject to the University rules and regulations. An external examiner, with experience of pharmacist prescribing courses, reviews a cross-section of course work and portfolios and is in attendance at each Board.

The provider permitted the DMP to use other health professionals to support them in the assessment of the pharmacist in practice but the overall responsibility for confirming competence remained that of the DMP. Guidance is provided to DMPs for this aspect of assessment, which includes examples of what they would expect to observe and over what period in order to be satisfied that an individual had demonstrated competency. The team agreed that the assessment by other professionals could be open to risk but was sufficiently reassured by the requirement for students to provide additional evidence in relation to each competency and by rigorous review process in place for the portfolio content.

The OSCE and the portfolio are assessed on a pass/fail basis. For other assessments, the pass mark is 50%. Students are
permitted to resubmit material or retake the OSCE on one occasion only. All classes and the period of learning in practice must be passed and that there is no compensation between classes or the period of learning in practice. The programme is assessed separately from any other programme and a Practice Certificate in Independent Prescribing is awarded on successful completion.

The provider confirmed that in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm would result in overall failure of the programme. The University’s overarching assessment regulations permitted students to re-sit but the Head of School confirmed that they had sought derogation from these regulations. A letter from the Dean of Science was provided acknowledging this requirement. The team requested that a copy of the formal confirmation from the University’s Academic Board be forwarded as soon as it became available.

Section 6: Details of Award

The two criteria relating to details of the award are met.

The provider has a process in place for submission of certified pass lists to the GPhC for those candidates who successfully pass the programme. Successful candidates are awarded a practice certificate in independent prescribing.

Summary and Conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Strathclyde should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years, subject to receipt of confirmation that the university has approved all changes to the programme. There are no conditions.

The team made the following recommendation:

1. The provider should produce guidance for the course director and course management team regarding the circumstances under which a student may miss a teaching session and still be permitted to take the OSCE. This is to ensure a consistent approach and avoidance of appeals. This relates to criterion 3.7.

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 its entirety as its 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. 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 and remain 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.

Notes to the provider:

1. The programme is not reaccredited until approval has been given by the Registrar and any conditions have been met satisfactorily.
2. The team’s recommendations are not binding on the Registrar, who may accept, modify or reject them.
3. The accreditation team’s 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.


Following the above event, the Registrar of the General Pharmaceutical Council subsequently accepted the accreditation team’s recommendation and approved the course for reaccreditation for a further period of three years, until the end of May 2018.
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 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 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.