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

Report of a reaccreditation event, 16 June 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.

The University of Wolverhampton was accredited by the GPhC in 2012 to provide a 40 credit Practice Certificate in Independent Prescribing to train pharmacist independent prescribers, for a period of three years. In line with the GPhC’s process for reaccreditation of independent prescribing programmes, an event was scheduled on 16 June 2015 to review the programme’s suitability for reaccreditation. The accreditation process was based on the GPhC’s 2010 accreditation criteria for Independent Prescribing.

Background

At the time of the original course accreditation in 2012, two conditions were set with a requirement that these were met before the programme was delivered. These were to provide greater opportunities for students to practise clinical and physical examination skills and to change the OSCE marking schemes. Both of these conditions were addressed and accepted by the GPhC prior to the course commencing. The 40 credit Practice Certificate in Independent Prescribing had now been offered for three academic years, with four courses completed and two more under way.

In 2014, the University was commissioned by Health Education West Midlands (HEWM) to offer a fast-track version of the GPhC-accredited programme. This FastTrack version of the course, which was delivered over four and a half months rather than six, had a particular focus on acute and emergency care and was...
commissioned by HEWM to assist in tackling the winter emergencies which had resulted in extended waiting times in Emergency Departments over the past few years. The intention was for pharmacist prescribers to ease these emergencies by providing services directly in Emergency Departments, or in primary care thereby reducing admissions to hospital, or by facilitating and speeding up discharge from non-emergency wards, thus allowing the timely transfer of patients from the Emergency Department to a ward. The GPhC had been consulted on the development of the HEWM FastTrack course, which was also delivered by other universities in the region.

HEWM re-commissioned the programme for delivery in 2015 with the additional requirement to offer the course in combination with a 20 credit module, Health Assessment for Advanced Clinical Practice, delivered by the University’s Institute of Health Professions. Candidates who were successful in obtaining all 60 postgraduate credits were eligible for the award by the University of a Postgraduate Certificate in Prescribing Studies.

Other changes since the last accreditation visit included a recent review of the OSCE assessment and a £300,000 redevelopment of the pharmacy dispensary area, which now provided the course team with its own dedicated clinical skills area for teaching and assessment.

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 June 2016 at the GPhC’s offices in London and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Wolverhampton prescribing 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>
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<tr>
<td>Professor Jane Portlock</td>
<td>Accreditation team member (Chair of event), Professor of Pharmacy Practice, University of Portsmouth</td>
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<tr>
<td>Professor Anne Watson</td>
<td>Accreditation team member, Assistant Director of Pharmacy, NHS Education for Scotland</td>
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along with:

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<tr>
<th>Name</th>
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<tr>
<td>Ms Jenny Clapham</td>
<td>Quality Assurance Officer, General Pharmaceutical Council</td>
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<tr>
<td>Mrs Jane Smith</td>
<td>Rapporteur, Director of Qualifications and Standards, British Psychological Society</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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<th>Section</th>
<th>Commentary</th>
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| **Section 1: The programme provider** | All of the four criteria relating to the programme provider are met. (See Appendix A for criteria)  
The Practice Certificate in Independent Prescribing was offered as a single module, stand-alone course attracting 40 postgraduate academic credits at level 7 within the School of Pharmacy, Faculty of Science and Engineering, University of Wolverhampton. This module was subject to the usual quality assurance requirements of the University. Following initial approval of a programme, subsequent quality assurance was achieved via continuous monitoring at the module and course levels through the use of ‘course journals’. These online repositories included progression/attainment rates, external examiner reports and responses thereon, student feedback and module leader summary forms with associated action plans.  
Internal revalidation of programmes was achieved via a sexennial Periodic Review process involving a cross-University panel and external academic advisor. The course had been reviewed in January 2015 and one outcome had been to separate online course journal and course meetings from those of the MPharm.  
The School of Pharmacy had benefited from a recent redevelopment of its Pharmacy Practice teaching facilities. The new Pharmacy Practice Suite, where all teaching for the course would take place, had facilities for clinical examination and classroom teaching.  
The course was financially viable and was not reliant on the continued commissioning of places on the Fast Track version of the programme.  
The course was appropriately staffed with staff with appropriate backgrounds and experience, including practising pharmacists with teaching experience and staff with clinical and diagnostic skills. |
| **Section 2: Pre-requisites for entry** | All of the six criteria relating to pre-requisites for entry are met.  
All entrants to the course must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI). Non-registrants were not eligible to join the programme. It was noted that there was not currently a check of previous attempts at prescribing courses a part of the application process and it was recommended that this was |
Potential entrants described their experience on the application form, and thereby that they met the requirement for at least two years’ appropriate, post–registration, patient-orientated experience in a UK hospital, community or primary care setting. Telephone interviews were undertaken as part of the application process. Self-employed applicants were required to upload evidence of their clinical work as part of the application process.

Potential entrants also identified on their application form an area of clinical practice in which to develop their prescribing skills and in which they had relevant, up-to-date clinical, pharmacological and pharmaceutical knowledge. Candidates were expected to prescribe in the same setting on completion of the programme.

Applicants were also required to submit with their application form details of their CPD records and evidence of reflection, along with details of their proposed DMP.

### Section 3: The programme

**Six of the eight criteria relating to the programme are met.**

The programme was taught at Master’s level (FHEQ [2008], level 7). The 16 GPhC learning outcomes for independent prescribing were mapped against the programme’s learning outcomes and assessments. However, with regard to the Fast Track version of the programme, in 2014 this had simply been delivered as a condensed version of the 6-month long programme, with shorter gaps between study days. For 2015 HEWM had asked for additional clinical skills teaching, over and above the GPhC learning outcomes for independent pharmacist prescribers, with an emergency care focus. This had led to the addition of a 20 credit module, which was already being taught in the University to advanced nurse practitioners, which contained all of the clinical skills teaching that would otherwise be taught during the study days on the 40 credit module. The new module also contained additional material to equip students to provide acute and emergency assessment and care, and 60 hours of learning in practice. The module was delivered as a five day block before the start of teaching of the 40 credit Practice Certificate in Independent Prescribing; some changes had therefore been required to the face-to-face delivery of the Practice Certificate to avoid duplicating the clinical skills teaching which had already taken place in the new module. Assessment of the clinical skills was, however, undertaken within the 40 credit Practice Certificate module.

It was therefore of concern that, in the Fast Track version of the course, the clinical skills were effectively being taught outside the accredited Practice Certificate and it would be a condition of reaccreditation for this to be addressed before the next cohort of students was admitted to the Fast Track version of the course.
The ethos of the course was one of practitioner self-development with emphasis placed on self-awareness and reflection supported by skill acquisition, where needed. It provided opportunities for pharmacists to demonstrate how they would apply their learning to the conditions for which they would be prescribing.

The face-to-face learning activities, together with directed reading and other activities, and excluding the period of learning in practice, equated to a study period of more than 26 days. The course was normally completed within six months. Students were required to attend all study day and non-attendees were required either to take a leave of absence from the course, or to defer the portfolio element of the summative assessment for the course.

No recognition of any previous learning or experience was permitted.

### Section 4: Learning in Practice

All of the five criteria relating to learning in practice are met.

A handbook was provided to DMPs which included details of the arrangements for quality assurance of summative assessments and of the roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients. An introductory face-to-face meeting was offered to all DMPs after the first study day block, but before the student started the period of learning in practice.

Support for the DMP was provided by means of the Handbook, the introductory meeting for DMPs and/or a telephone discussion (depending upon whether the DMP had previously acted in this capacity) with the course leader or deputy course leader about the DMP’s role in the assessment of the student.

Subject to minor amendments, the appropriate wording was used to for the DMP declaration to sign-off the pharmacist for the period of learning in practice.

The fact that failure in the period of learning in practice could not be compensated by performance in other assessments was drawn to the students’ attention.

### Section 5: Assessment

All of the four of the criteria relating to assessment are met.

The summative assessments for the programme were an OSCE and an online reflective portfolio which included a variety of compulsory activities mapped to the course learning outcomes.
The OSCE had recently been comprehensively reviewed, in the light of comments from the external examiner, and consisted of four stations: one with a focus on consultation and communication, two focusing on clinical skills and one focusing on prescribing. The stations were assessed by a member of staff, with some stations being double-marked by two staff, and with the external also sometimes in attendance.

The online portfolios were assessed and moderated by staff and the external examiner also reviewed them. Students were offered the opportunity for a formative review of their portfolio on the final study day.

The programme was assessed separately from any other programme, and led to the award of a Practice Certificate in Independent Prescribing of the University of Wolverhampton. Compensation between elements of assessment was not allowed; both elements must be passed. This was clearly stated in the module guide provided to students at the beginning of the course. Failure to identify in any assessment a serious problem, or the provision of an answer which would cause the patient harm, would result in overall failure of the programme with no resit opportunities.

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<th>Section 6: Details of Award</th>
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<td>Both of the criteria relating to details of the award are met.</td>
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<td>Successful candidates were awarded a ‘Practice Certificate in Independent Prescribing’ confirming that the candidate had successfully completed the programme and the period of learning in practice. A certified copy of the pass list would be sent to the GPhC Applications Team, rather than the Registration Manager, in future.</td>
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Summary and Conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Wolverhampton be reaccredited as a pharmacist independent prescribing course provider for a further period of three years, subject to one condition relating to the Fast Track version of the programme.

Condition:

1. In order to achieve GPhC learning outcomes 4, 5 and 6, the Fast Track version of the independent prescribing programme must include sufficient teaching of clinical and physical examination and diagnostic skills and this must be timetabled within the existing 40 credit programme. This was to meet criteria 3.2 and 3.3.

The provider was asked to submit evidence of how this condition had been met to the GPhC for approval by the accreditation team. This must be done before the next intake of pharmacists onto the Fast Track version of 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 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.

The provider was asked to note the following:

1. The programme is not reaccredited until approval has been given by the Registrar and the condition has 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 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 a satisfactory response was received to meet the condition of reaccreditation. The Registrar of the General Pharmaceutical Council agreed with the accreditation team’s recommendations and approved the course for reaccreditation for a further period of three years, until the end of September 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.