Accreditation of an Education and Training Programme to prepare Pharmacist Independent Prescribers, University of Worcester

Report of an accreditation event, 26 September 2014

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 University of Worcester approached the General Pharmaceutical Council (GPhC) in 2014 with an application for accreditation of a programme to train pharmacist independent prescribers. In line with the GPHC’s process for accreditation of independent prescribing programmes, an event was scheduled for 26 September 2014 to review the programme’s suitability for accreditation. In line with the GPhC’s process for new providers of pharmacist prescribing programmes, the event was held on site at the University to allow for the GPhC’s accreditation team to view the teaching facilities available. The accreditation process was based on the GPhC’s 2010 accreditation criteria for Independent Prescribing and the visit was conducted as a joint meeting with University representatives for University approval of the programme.

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 following documents were submitted by the provider in advance of the accreditation event:

- Completed application template part 1
- Completed application template part 2
Appendices:
- Course Handbook, MSc Advancing Practice
- Application Form
- Module Guide for Students
- Programme flyer
- Admissions Policy
- Application Form for Non-Medical Prescribing
- Participant Consent Form
- Resource Statement: UW-based programmes
- Procedures for dealing with Claims of Exceptional Mitigating Circumstances
- University Assessment Policy
- External Examiner’s Report template, Academic Year 2012-13
- University of Worcester Strategic Plan 2013-18
- Module Feedback Results (MSAP4021 and PDHS3020)
- Programme Specification for Practice Certificate in Prescribing for Pharmacists
- Prescribing competency framework for independent pharmacist prescribers
- Guidance for Designated Medical Practitioners (DMPs)
- Portfolio Guidance
- Form for Obtaining Informed Consent
- Managing Work-Based Learning and Placements: Audit Records
- Seminar Presentation Assessment
- Observed Structured Clinical Examination marking sheet
- Student assessment Feedback form
- Programme approval: Nurse and Midwife Prescribers

The following additional documents were provided by the programme team during the event:

  (i) Updated Application for Non-Medical Prescribing
  (ii) Course Handbook 2014-15
  (iii) Timetable for Pharmacists’ Independent Prescribing Course commencing January 2015
  (iv) Sample Practice Certificate
  (v) Teaching staff curricula vitae
The event

The event was held on 26 September 2014 at the University of Worcester, St John’s campus, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Worcester prescribing programme.

The Accreditation Team

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation at the time of accreditation event</th>
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<tbody>
<tr>
<td>Professor Angela Alexander</td>
<td>Accreditation team member (Chair of event), Professor of Pharmacy Education, Director of Centre for Inter-Professional Postgraduate Education and Training, University of Reading</td>
</tr>
<tr>
<td>Mr Michael Pettit</td>
<td>Accreditation team member, 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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along with:

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Miss Jenny Clapham</td>
<td>Quality Assurance Officer (Education), General Pharmaceutical Council</td>
</tr>
<tr>
<td>Ms Joanne Martin</td>
<td>Quality Assurance Manager (Education), General Pharmaceutical Council</td>
</tr>
<tr>
<td>Ian Glendenning Marshall</td>
<td>Rapporteur, Emeritus Professor of Pharmacology, University of Strathclyde</td>
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Declaration of interest

Professor Alexander declared that one of the provider’s team had been part of the NMC accreditation team that had visited her own university.
## The accreditation criteria

<table>
<thead>
<tr>
<th>Section 1: The programme provider</th>
<th>Accreditation team’s commentary</th>
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<tr>
<td>All of the 4 criteria relating to the programme provider are met subject to the University validating the course. (See Appendix 1 for criteria)</td>
<td>The team was told that the University had been working with Health Education West Midlands (HEWM) in an attempt to address the current crisis in emergency medicine. As a result, the University had tendered to become a provider of independent non-medical prescribing pharmacists. The IP module will be a multidisciplinary course with pharmacists being taught alongside other healthcare professionals but with separate profession-specific sessions. The planned cohort size is for 15 pharmacists, with 2 cohorts per year. The IP courses, including the present module, are organised and run by two full-time members of staff, including the designated pharmacist, a supplementary prescriber. These staff members are supported by external speakers, a professorial general medical practitioner who teaches evidence-based practice and the clinical physical skills teaching staff. The team viewed the clinical skills teaching facility and observed classes for nursing students in progress, using students as patients. The facilities will allow clinical skills to be taught in a simulated clinical environment, utilising Sim-man® technology. Two of the rooms visited were equipped with hospital beds and the third with examination couches. All rooms were equipped with video recording equipment that allows OSCEs to be viewed, including by the external examiner, at a later date. Clinical examination skills are taught by existing staff with expertise along with a retired general medical practitioner and honorary senior lecturers.</td>
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<tr>
<th>Section 2: Pre-requisites for entry</th>
<th>All of the 6 criteria relating to the pre-requisites for entry are met subject to some amendments.</th>
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<td>The team was told that the provider had realised that the University and HEWM application forms were not appropriate for pharmacist applicants and a new form was tabled during the visit; this form lacked an entry for a PSNI registration number and the team was told that the University only accepts applicants from Great Britain. The advertising flyer for the programme stated that the pharmacist must have a minimum of 2 year post registration experience and that the year preceding application to the programme must have been in a clinical field in which they intend to prescribe. The team pointed out that this was inappropriate for a pharmacist, who was particularly unlikely to have been working in emergency medicine. The provider agreed to remove this requirement for entry, explaining that it was a requirement for nurses. The flyer also stated that clinical examination skills were an entry requirement for pharmacists; this is a GPhC outcome rather than an entry criterion. The team noted that the tabled updated application form now included the</td>
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requirement for applicants to detail their area of intended practice along with the currency of their clinical, pharmacological and pharmaceutical knowledge and a statement of their CPD activities. DMPs are invited to attend the University for an induction session. DMPs have access to the VLE used for the programme and are visited by a staff member during the first 2-3 months after pharmacists are accepted onto the course for a face-to-face discussion about progress and any problems. Information on the role of the DMP is sent to DMPs as part of the application process to appraise the DMPs of the potential commitments of the role.

**Section 3: The programme**

**Six of the 8 criteria relating to the programme are met**

The programme is taught at Level 7 and carries 40 credits with the teaching and learning strategy being a blended learning approach, with a mixture of face-to-face teaching along with the use of distance/online learning, all totalling 400 hours of student effort. There are 14 course learning outcomes and 5 assessments that are mapped to the 16 GPhC learning outcomes. However, the team noted that there were some inconsistencies in the mapping but was assured that the Programme Specification contained the correct mapping and that the provider would check and rectify any anomalies. The team was concerned that the timetable presented did not appear to have any formal periods for the teaching of clinical assessment skills, an area crucial for pharmacists who would not normally be expected to possess such skills. In response, the provider referred to a 40-credit Health Assessment module and to an optional 5-day physical assessment programme, both of which are separate from the IP programme. The team agreed that it was essential that the IP programme contain formal clinical skills teaching. The provider responded by indicating that a 2-day clinical skills’ teaching period could be inserted into the IP programme. The team agreed with this approach but also agreed that any such teaching must be timetabled. Accordingly, it will be a **condition of accreditation** that in order to achieve GPhC learning outcomes 4, 5 and 6, the programme must include the teaching of clinical and physical examination and diagnostic skills with mechanisms for the appropriate assessment of these skills. The team was told that students must normally attend all clinical sessions and that any missing such sessions will be offered extra tutorial support and that catch-up sessions can normally be arranged. It was stressed that students are made aware of what happens if they miss sessions, particularly the clinical skills sessions, via the induction session, the Programme Specification and Student Handbook. The team noted that the OSCE-type assessment is designed with the DMP and is tailored to the area of practice of the pharmacist.

**Section 4: Learning in Practice**

**All of the 5 criteria relating to learning in practice are met subject to corrections**

The University offers sessions for the DMP, provides written guidance for DMPs in the DMP Handbook, the course leader undertakes an interview with the DMP and student in the first few months of the course, and a learning contract is used.
The team was told that the Single Competency Framework for Prescribing is used for the assessment of competency and that the DMP is supported in their understanding of the thresholds for competency through discussion with the University staff through formalisation in the learning contract. 50% of the time in learning in practice must be spent with the DMP directly. The team pointed out that the wording used on the time period sign-off, and in the submission template, was not correct and stressed that the correct wording is a legal requirement, and that that independent prescribers are annotated rather than registered.

**Section 5: Assessment**

**Three of the 4 criteria relating to assessment are met**

The team was told that the assessment process attempts to test the pharmacists’ clinical skills and pharmacological knowledge. The assessment consists of a 2-hour pharmacology examination, a 60-minute problem-solving OSCE-type assessment, developed with DMP support, a seminar with relevant advice and marking criteria, and a portfolio. The period of learning in practice adheres to the NPC single competency framework. The team considered that the OSCE-type assessment described represented more of a holistic health assessment approach but the provider regarded the assessment as key to testing the student’s ability as a prescriber. It was stated that safety is paramount and that the assessment is designed to demonstrate safe practice. The OSCE-type assessment is designed with the input of the pharmacist’s DMP as the provider prefers to use a specific rather than a generic approach to mimic practice in a real situation. However, physical examination skills are not tested in the OSCE-type test and instead students are given relevant diagnostic criteria. The provider suggested that the assessment of physical examination skills could be ascribed to the DMP in the period of learning in practice but the team emphasised that it was essential for the University to have full control of the assessment of physical examination skills. It will be a **condition of accreditation** that in order to achieve GPhC learning outcomes 4, 5 and 6, the programme must include the teaching of clinical and physical examination and diagnostic skills with mechanisms for the appropriate assessment of these skills. The team was concerned that the Level 7 marking criteria described in the Advancing Practice handbook were not compatible with safe and effective prescribing but the provider confirmed that any unsafe practice would override the marking criteria and lead to failure. Students are allowed three attempts in total and a failed student can undertake the whole programme again including the period of learning in practice. If there are any concerns about safety the student is automatically failed. The team was told that the level of the fail would depend on the level of the error. The example given was that a nervous student omitting to ask about allergies would be allowed to re-sit, whereas a student falsifying records would be failed outright.
Section 6: Details of Award

Both of the 2 criteria relating to details of the award are met subject to correction

Successful pharmacists are issued with a physical copy of their certificate. However, the team noted that the wording on the sample certificate provided was incorrect and should be corrected. The pass list will be sent to the GPhC Applications Team by an administrator from the University Work-Based Learning Department.

Summary and Conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Worcester be accredited as a pharmacist independent prescribing course provider for a period of three years, subject to University validation and one condition. The first year of accreditation is provisional and will be subject to a monitoring visit after the first cohort.

The condition is:

1. In order to achieve GPhC learning outcomes 4, 5 and 6, the programme must include the teaching of clinical and physical examination and diagnostic skills with mechanisms for the appropriate assessment of these skills. This is to meet criteria 3.2, 3.3 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 intake of the first cohort 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.

5. For quality assurance purposes, all Universities offering newly accredited Independent Prescribing Programmes will be expected to undertake an evaluation of the teaching provided to enable students to develop clinical examination skills, once the first cohort has completed the programme. The evaluation must include assessment results for this essential core element and feedback from students on the teaching provided. The evaluation report must then be forwarded to the Quality Assurance (Education) team of the GPhC.

The University is asked to note the following:

1. The programme is not accredited 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. 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.

Following the above event, the provider submitted documents to address the conditions of accreditation and the accreditation team was satisfied that these conditions had been met. The Registrar of the GPhC subsequently accepted the team’s recommendation and approved the programme for accreditation for a period of three years, until the end of November 2017, subject to a monitoring visit during the first year of the programme.
Appendix 1

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 (appendix C), which must be mapped against the programme’s learning outcomes and assessments (appendix B). 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.

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.

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.