



ROYAL
PHARMACEUTICAL
SOCIETY

A competency framework for all prescribers – updated draft for consultation

Consultation closes 15 April 2016



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When responding to this consultation please complete the following

Name	
Job Title	
Organisation	
Professional background	
Are you responding as an individual or on behalf of an organisation?	
Are you a prescriber?	

I Introduction

- The single competency framework for prescribers was originally published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012. The single framework consolidated all previous competency frameworks developed to support independent and supplementary prescribers.
- This is an update of an existing competency framework which is already widely used in practice (see Uses of the framework – section 2) and was due for review in 2014.
- NICE and Health Education England approached the Royal Pharmaceutical Society (RPS) to manage the update of the framework on behalf of all the prescribing professions in the UK. The RPS agreed to update the competency framework in collaboration with the other prescribing professions and with patient engagement.
- A strategic level Project Board consisting of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland and NICE is supporting the update of the framework.
- The framework is being updated using the same tried and tested methodology as all the previous prescribing competency frameworks. Details of the project methodology can be found on the RPS website www.rpharms.com/prescribingframework along with the names of the project steering group.
- Other professional bodies are supporting the updating process through membership of the project's external reference group. Endorsement of the framework from these groups will be sought prior to publication of the updated framework.
- The RPS will publish (and maintain) the updated competency framework which will be open access for all regulators, professional bodies, prescribing professions and patients to use.
- Once published the update will be available for use across the UK and professional bodies and NHS organisations are encouraged to work with their professional groups to stimulate uptake of the framework in practice. In GB the RPS will work with the pharmacy profession to do this and will contribute to joint working opportunities.

2 Uses of the framework

The prescribing competency framework can be used by any prescriber at any point in their career. It can also be used by regulators, education providers, professional organisations and specialist groups to inform standards, the development of education, and to inform guidance and advice. It provides the opportunity to bring professions together and harmonise education for prescribers by offering a single framework.

Uses of the framework include:

1. Where appropriate support the case for the legislative changes required to enable expansion of prescribing responsibilities.
2. Inform the development of education curricula and relevant accreditation of prescribing programmes for all prescribing professions.
3. Inform the design and delivery of education programmes, for example through validation of educational sessions (including rationale for need), and as a framework to structure learning and assessment.
4. Help healthcare professionals prepare to prescribe and provide the basis for on-going continuing education and development programmes, and revalidation processes. For example, for use as a framework for a portfolio to demonstrate competency in prescribing.
5. Help prescribers identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.
6. Provide professional organisations or specialist groups with a basis for the development of levels of prescribing competency, for example, from recently qualified prescriber through to advanced prescriber.
7. Stimulate discussions around prescribing competencies and multidisciplinary skill mix at an organisational level.
8. Inform organisational recruitment processes to help frame questions and benchmark candidates prescribing experience.
9. Inform the development of organisational systems and processes that support safe effective prescribing, for example, local clinical governance frameworks.

QUESTION 1. Do you have any examples of how the competency framework has been used by yourself or within your organisation that you could share with us for possible case studies?

Draft for consultation

3 Scope of the competency framework

Note to commentators: when reviewing this framework please keep in mind these key points about the scope of the competency framework.

- The prescribing competency framework is a **generic framework** for any prescriber (independent or supplementary) regardless of their professional background. It therefore **does not contain statements that relate only to specialist areas of prescribing**.
- Because the framework is generic it must be contextualised to reflect different areas of practice and levels of expertise.
- The framework reflects the **key competencies** needed by all prescribers. It should not be viewed as a curriculum rather the basis on which one can be built.
- To sharpen the focus of the prescribing competency framework and maintain the focus on key prescribing competencies, a change to this update is the removal of several statements that relate to the application of professionalism. These statements would typically apply to a range of different areas of practice and not just prescribing. See section 6.
- The framework applies to independent prescribers and to supplementary prescribers. However, supplementary prescribers will need to contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship.

4 Key features of the updated framework

The project steering group concluded, based on a literature view and the extensive use of the framework in practice, that the framework is broadly fit for purpose. The update to the framework is proportionate to that view and reflects an iterative development of the content rather than a complete re-write. The most significant change to the framework is the reordering of statements in the framework into ten competencies that more intuitively reflect the prescribing process.

In summary the main changes to the framework are:

- Removal of statements that relate more generally to professional practice (see section 6)
- Reordering of the framework into ten competencies that have been grouped into two competency areas.
- Addition of new statements or modification of existing statements to include omissions identified through the literature review.
- Deletion of statements felt to be less relevant to prescribing or where duplication became apparent as the structure of the framework was updated.
- Editing of statements for clarity or consistency of terminology.
- Splitting of statements for clarity or to fit with the reordered structure of the framework.
- Improving the wording of statements.

5 The draft updated competency framework

The updated draft framework has ten competencies split into two competency areas. Within each of the ten competencies there are statements which describe the activity or outcomes prescribers should be able to demonstrate.

The Consultation	Prescribing Governance
1. Assess the patient	7. Prescribe safely
2. Consider the options	8. Prescribe professionally
3. Reach a shared decision	9. Improve prescribing
4. Prescribe	10. Prescribe as part of a team and system
5. Provide information	
6. Monitor and review	

QUESTION 2. In order to ensure that all the statements in the framework are relevant to safe and effective prescribing for patients please rank each statement using the following scale: 1=less important, 2=important 3=highly important.

A blank box has been left next to each statement for this purpose.

The consultation

I Assess the patient

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
1.1 Takes an appropriate medical, social and medication history ¹ including allergies and intolerances.	
1.2 Undertakes an appropriate clinical assessment.	
1.3 Accesses and interprets all relevant patient records to ensure knowledge of the patient's management.	
1.4 Requests and interprets relevant investigations necessary to inform treatment options.	
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).	

¹ This includes current and previously prescribed and non-prescribed medicines, on-line medicines, supplements, complementary remedies, illicit drugs and vaccines.

1.6 Understands the conditions being treated, their natural progress and how to assess their severity.	
1.7 Reviews adherence and effectiveness of current medicines.	
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	

2 Identify options

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.	
2.2 Considers all pharmacological treatment options including stopping treatment (de-prescribing) and optimising doses.	
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.	
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these mechanisms may be altered (e.g. by genetics, age, renal impairment).	
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.	
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route and formulation of medicines.	
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.	
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.	
2.9 Takes into account the wider perspective including the public health issues related to medicines and their use (e.g. antimicrobial resistance) and promoting health.	

3 Make a shared decision

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
3.1 Works with the patient or carer in partnership to make informed choices, producing a shared management plan that respects patient preferences including their right to refuse or limit treatment.	
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and medicines treatment.	
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient or carer understands.	

3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients.	
3.5 Creates a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	
3.7 Explores the patient's understanding of what has taken place in the consultation and aims for an outcome of the consultation with which the patient and prescriber are satisfied.	

4 Prescribe

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects (using, for example, the BNF/BNFC).	
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.	
4.3 Prescribes within local frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	
4.4 Accurately completes and routinely checks calculations relevant to prescribing.	
4.5 Appreciates the potential for misuse of medicines.	
4.6 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, costs).	
4.7 Prescribes generically where appropriate, practical and safe for the patient and understands the circumstances when medicines should be prescribed by branded product.	
4.8 Writes legible, or electronically generates, unambiguous and complete prescriptions which meet legal requirements.	
4.9 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	
4.10 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.	
4.11 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.	
4.12 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.	

5 Provide information

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
5.1 Checks the patient's understanding of and commitment to their management, monitoring and follow-up.	
5.2 Gives the patient or carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).	
5.3 Helps patients and carers to understand how to identify and signposts them to where they can find reliable information about their medicines and treatments.	
5.4 Ensures through appropriate safety netting that the patient or carer knows what to do if there are any concerns, if the condition deteriorates or if there is no improvement.	
5.5 When possible, encourages and supports patients to take responsibility for their medicines and self-manage their conditions.	

6 Monitor and review

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
6.1 Establishes and maintains a plan for reviewing the therapeutic objective or end point of treatment.	
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.	
6.3 Detects and reports suspected adverse drug reactions using appropriate mechanisms.	
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	

Prescribing governance

7 Prescribe safely

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
7.1 Knows the limits of own knowledge and skill, and prescribes within own scope of practice.	
7.2 Knows about common types and causes of medication errors and how to prevent them.	

7.3 Recognises how prescribing undertaken via remote media (telephone, email or through a third party) differs from face-to-face consultation and ensures safe practice and systems.	
7.4 Understands the need to work with, or develop, safe systems and processes locally to support prescribing, for example, repeat prescribing, transfer of information about medicines, referral processes.	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports prescribing errors, near misses and reviews practice to prevent recurrence.	

8 Prescribe professionally

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications of doing so (e.g. Duty of Candour).	
8.3 Knows and applies legal and ethical frameworks affecting prescribing practice (e.g. misuse of drugs, regulations, prescribing of unlicensed/off label medicines, regulators guidance).	
8.4 Recognises and deals with pressures that might influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
8.5 Works within the NHS/organisational or other ethical code of conduct when interacting with the pharmaceutical industry.	

9 Improve prescribing practice

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.	
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.	
9.3 Understands and uses tools to improve prescribing (e.g. peer review feedback, prescribing data analysis and audit).	

10 Prescribe as part of a healthcare team and system

BEHAVIOURAL INDICATORS SUPPORTING THE COMPETENCY	RANKING 1=less relevant 2=relevant 3=highly relevant
10.1. Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is developed and not compromised.	

I0.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.	
I0.3 Negotiates the appropriate level of support and supervision for role as a prescriber.	
I0.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	
I0.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.	

QUESTION 3. Is the framework sufficiently generic to apply to all prescribers independent and supplementary from all professional backgrounds? If no, what needs modification?

QUESTION 4. Does the competency reflect the key behaviours required of effective prescribers? If no, where are the gaps?

QUESTION 5. Are there any statements that you think are in the wrong place in the framework?

6 Application of professionalism

It is important to recognise that healthcare professionals need to apply professionalism to all aspects of their practice in line with their own professional standards and guidance. Several generic statements relating to the application of professionalism were included in the previous competency framework. These statements have been removed from the framework as part of this update.

The statements removed are listed below along with additional examples that were identified during the updating process and that have been included here to illustrate the importance of prescribers considering wider professional practice when prescribing.

Apply professionalism
Always introduces self and role to the patient and carer
Adapts consultations to meet the needs of different patients (e.g. for language, age, capacity, physical or sensory impairments).
Undertakes the consultation in an appropriate setting taking account of confidentiality, consent, dignity and respect.
Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements.
Takes responsibility for own learning and continuing professional development.
Learns and improves from reflecting on practice and makes use of networks for support, reflection and learning
Understands budgetary constraints and prioritisation processes at local and national level (health-care resources are finite).
Recognises when safe systems are not in place and acts appropriately.

QUESTION 6. Do you agree that these statements should be removed from the updated prescribing competency framework? Yes/No. If no which should remain?

QUESTION 7. Do you think that these statements should be included in the framework document (as opposed to the framework itself) as illustrations of the need to apply professionalism to all aspects of practice? Yes/No

7 Final questions

QUESTION 8. How would you/your organisation use the framework once it is published?

QUESTION 9. How could you/your organisation help to promote the framework once it is published?

QUESTION 10. What might be the financial and/or organisational barriers to using this framework in practice?

QUESTION 11. Do you have any other comments about the updated prescribing competency framework?

Thank you for taking the time to respond to this consultation

Please return this document to support@rpharms.com

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The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists and pharmacy in Great Britain. We represent all sectors and specialisms of pharmacy in Great Britain and we lead and support the development of the pharmacy profession to deliver excellence of care and service to patients and the public. This includes the advancement of science, practice, education and knowledge in pharmacy and the provision of professional standards and guidance to promote and deliver excellence. In addition we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

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