

Centre for Inter-Professional Postgraduate Education and Training (CIPPET)

University of Reading

DPPs: improving practice against the framework



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Session objectives

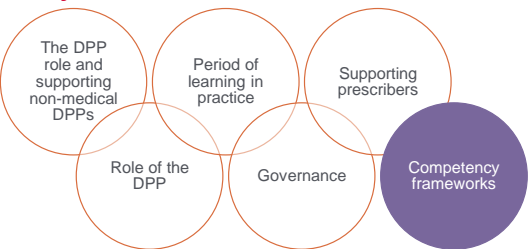
- 1 The required competencies of an individual taking on the DPP role
- 2 The competencies required in delivering the role
- 3 The learning environment and governance of the period of learning in practice
- 4 Using the prescribing competency dimensions for prescribing governance in practice
- 5 Governance of non-medical prescribing roles

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Structure

DPP competency framework	Prescribing competency framework
<ul style="list-style-type: none"> The required competencies of an individual taking on the DPP role The competencies required in delivering the role The learning environment and governance of the period of learning in practice 	<ul style="list-style-type: none"> Using the prescribing competency dimensions for prescribing governance in practice Governance of non-medical prescribing roles


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A Competency Framework for Designated Prescribing Practitioners

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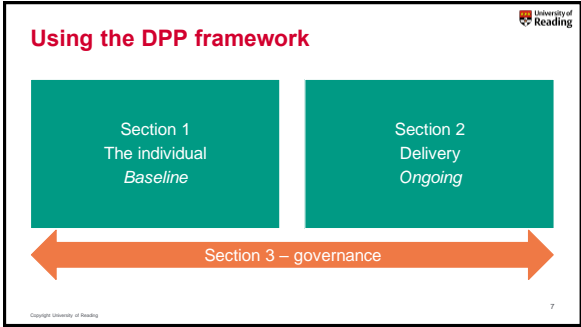


Initial considerations

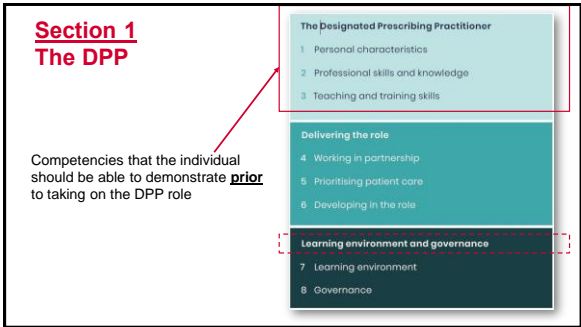
- Eligibility
 - must be registered with their professional regulator
 - should have the necessary annotation for a prescriber as required by their regulator
 - ability to demonstrate they meet all competencies within the Competency Framework for all Prescribers
- Using the DPP framework
 - must be contextualised to reflect different environments and areas of practice
 - whilst the DPP is expected to ensure the environment in which they practise is appropriately resourced to facilitate the trainee to meet their learning needs and outcomes, elements of this may be outside their control

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Case study 1

- Example scenario on the next slide
- Discuss these questions with your breakout group
 - Would you agree to take on the role?
 - What information would you need to make the decision?
 - Which competencies would you focus on self-assessing?

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Case study 1 - notes

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Case study 1 - notes

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2.5 (legal remit of profession's prescribing)

Remit

- Requirements to be annotated
- What can prescribe
- Regulator specific information e.g. guidance for pharmacist prescribers

Conduct

- HCPC - Standards of conduct, performance and ethics
- GPhC - Standards for pharmacy professionals
- NMC - The code
- GMC - Good medical practice

How might your answers differ if you were a DMP?

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Section 2
Delivering the role

Competencies that the DPP will need to demonstrate **whilst** undertaking the role

- The Designated Prescribing Practitioner**
 - 1 Personal characteristics
 - 2 Professional skills and knowledge
 - 3 Teaching and training skills
- Delivering the role**
 - 4 Working in partnership
 - 5 Prioritising patient care
 - 6 Developing in the role
- Learning environment and governance**
 - 7 Learning environment
 - 8 Governance

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Case study 2 - notes

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A Competency Framework for all Prescribers

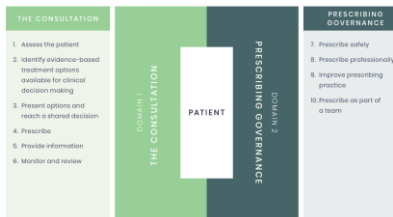
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Purpose

- Aims to support professionals develop in their roles
- Since 2012 the framework has been for all prescribers in recognition that the core competencies were essentially the same for all professional groups
- A new updated Competency Framework For All Prescribers was published in 2016, hosted by the Royal Pharmaceutical Society
- The latest version was published in September 2021
- Prescribers can use the framework to support their CPD and revalidation as well as model best practice in prescribing

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The framework



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The framework

- How can DPPs support trainees to develop these competencies?
- How can DPPs maintain governance in prescribing practice?



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Prescribing governance



7. PRESCRIBE SAFELY

STATEMENTS SUPPORTING THE COMPETENCY

- 7.1. Prescribes within own scope of practice, and recognises the limits of own knowledge and skill.
- 7.2. Knows about common types and causes of medication and prescribing errors, and knows how to minimise their risk.
- 7.3. Identifies and minimises potential risks associated with prescribing via remote methods⁶.
- 7.4. Recognises when safe prescribing processes are not in place and acts to minimise risks⁶.
- 7.5. Keeps up to date with emerging safety concerns related to prescribing.
- 7.6. Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice⁶ to prevent recurrence.

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Prescribing governance



8. PRESCRIBE PROFESSIONALLY

STATEMENTS SUPPORTING THE COMPETENCY

- 8.1. Ensures confidence and competence to prescribe are maintained.
- 8.2. Accepts personal responsibility and accountability for prescribing⁶ and clinical decisions, and understands the legal and ethical implications.
- 8.3. Knows and works within legal and regulatory frameworks⁶ affecting prescribing practice.
- 8.4. Makes prescribing decisions based on the needs of patients and not the prescriber's personal views.
- 8.5. Recognises and responds to factors⁶ that might influence prescribing.
- 8.6. Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry.

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Prescribing governance



9. IMPROVE PRESCRIBING PRACTICE

STATEMENTS SUPPORTING THE COMPETENCY

- 9.1. Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.
- 9.2. Acts upon inappropriate or unsafe prescribing practice using appropriate processes⁶.
- 9.3. Understands and uses available tools⁶ to improve prescribing practice.
- 9.4. Takes responsibility for own learning and continuing professional development relevant to the prescribing role⁶.
- 9.5. Makes use of networks for support and learning.
- 9.6. Encourages and supports others with their prescribing practice and continuing professional development⁶.
- 9.7. Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine⁶.

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Prescribing governance

10. PRESCRIBE AS PART OF A TEAM

STATEMENTS SUPPORTING THE COMPETENCY

- 10.1 Works collaboratively² as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised.
- 10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care.
- 10.3 Agrees the appropriate level of support and supervision for their role as a prescriber.
- 10.4 Provides support and advice² to other prescribers or those involved in administration of medicines where appropriate.

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The 'harder' ones to assess

7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill

8.1 Ensures confidence and competence to prescribe are maintained

8.2 Accepts personal responsibility for prescribing and clinical decisions, and understands the legal and ethical implications

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Being accountable

- **Responsibility (for)** : a set of tasks or functions that an employer, professional body, court of law or some other recognised body can legitimately demand
- **Accountability (to)** : the relationship between the practitioner and the organisation in question. Accountability describes the mechanism by which failure to exercise responsibility may produce sanctions such as warnings, disciplining, suspension, criminal prosecution, or deregistration from professional status. It can be called 'answerability'.

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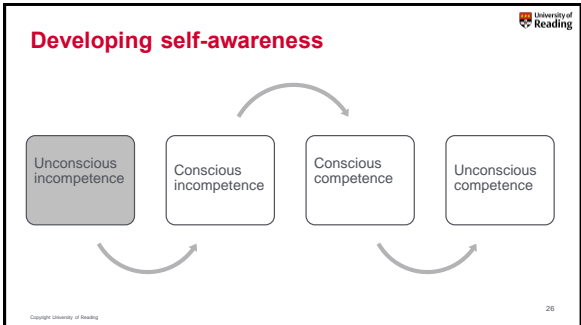
Case study 2 - notes

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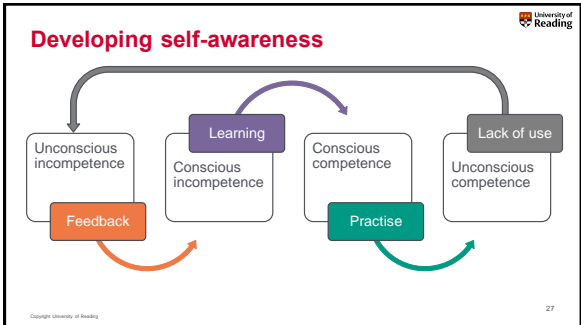
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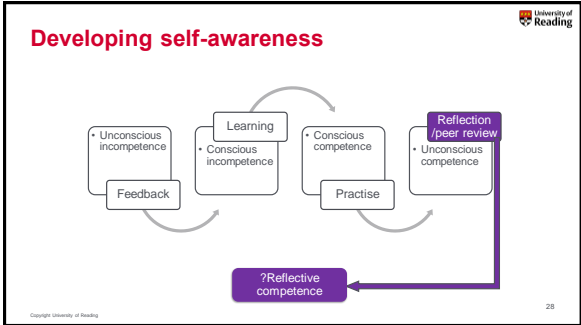
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Organisational governance?

- 9.1 **Improves** by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion
- 10.3 **Agrees** the appropriate level of support and supervision for their role as a prescriber

• For more context and examples see also Sally's talk later this afternoon

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Case study 4 - notes

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Final thoughts

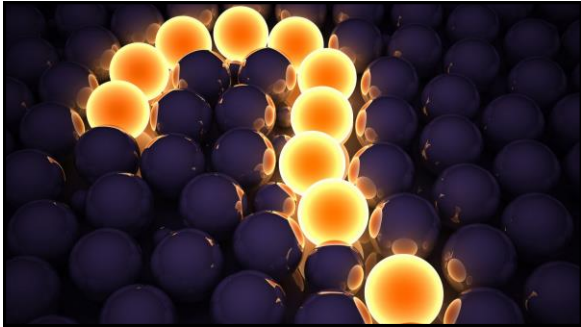
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