Prescribing competency framework

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Context: a brief history

• Developed to support the introduction of non-medical prescribing
• Developed before competency frameworks became commonly used in the NHS (extensive empirical research)
• Individual frameworks for nurses and midwives, pharmacists, optometrists and allied health professionals
• Used extensively in practice to underpin curricula development, as part of approved education programmes and to facilitate continuing professional development
Context: a brief history

• Cumulative development experience and practical application indicated that, regardless of professional background, there is a common set of prescribing competencies.

• A single competency framework for all prescribers was published in May 2012 (consolidated the profession specific frameworks then updated with input from doctors and dentists).
Context: transition to the professions

- The NICE (formerly National Prescribing Centre) competency framework for prescribers was published by NICE 2012
- RPS have updated the competency framework in collaboration with all the prescribing professions GB wide
- Accordingly the competency framework has been endorsed by other professional bodies (see next slide)
- Going forward the RPS will continue to publish (and maintain) the updated competency framework in collaboration with the other prescribing professions
- The framework will be published on the RPS website for all regulators, professional bodies, prescribing professions and patients to use
Uses of the competency framework

• If acquired and maintained, the prescribing competencies in this framework, will help healthcare professionals to be safe, effective prescribers who are able to support patients to get the best outcomes from their medicines
• The framework can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing
• The framework can be used to support revalidation.
• 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 competency framework for all prescribers
HOW THE FRAMEWORK IS BEING USED

We've put together a collection of examples of how the prescribing competency framework is being used to help inspire you to think about how you could also use the framework.

These examples have been sent to us from those who were involved in the consultation response to the draft competency framework.

More examples of how others have used the prescribing competency framework will continue to be added to this page. If you have any examples of how you have used the framework and would like to share these with us, please email support@rpharms.com.

NHS organisations (local and regional)

Within 2Gether the framework is the basis for a Preceptorship Pack used with all newly registered non medical prescribers. The pack and process has been mandated by the Nursing Professional Advisory Committee and Drug and Therapeutics Committee for use within the Trust. The pack uses the framework to inform a series of evidence based competencies to allow the newly registered prescriber to grow in confidence and competence and provide assurance for the Trust that NMP staff are adhering to best practice.

2Gether Mental Health Trust

For further information email Phil Morgan Henshaw on Phil.morganhenshaw@nhs.net
Revalidation

• “Personally I intend to use the framework to evidence how I have stayed up to date as a prescriber as part of the Nursing and Midwifery Council revalidation process.”
  Non-medical prescribing lead
  East Lancashire Hospitals NHS Trust

• “I am a qualified prescriber but have been out of my clinical role since 2003. I intend to use the revised framework to evidence how I have stayed up to date as a prescriber as part of the NMC revalidation process.”
  NMP Prescribing Lead
NHS organisations

• “At City Health Care Partnership the competency framework forms the basis of a passport for all non medical prescribers. All prescribers receive a passport when they join the organisation or are newly qualified. Having the competencies in the passport allows prescribers to reflect on their prescribing and helps them to structure their CPD records as well as informing clinical supervision discussions. As an organisation we expect prescribers to ensure that the competencies are demonstrated in their prescribing practice.”

  City Health Care Partnership, Hull
  For further information email Emma Baggaley on emma.baggaley@nhs.net

• “As NMP lead I have used the framework to support NMPs when they have been put under pressure to prescribe medicines or for conditions they aren't familiar with-both as a tool to explore the issues with managers and to guide NMPs in the further education they might need to fulfill the expected role. I expect every NMP in this organisation to be familiar with the framework- I direct new NMPs and those new to the organisation to it at our first 1:1 meeting. NMP courses in this region are all structured around the prescribing competency framework so NMPs are familiar with its contents prior to qualification. In the past I have used the framework to structure CPD for NMPs although that wasn't easy because of the diversity of roles amongst the NMP community here.”

  NMP Prescribing Lead
Higher Education Institutes

• "I have used the prescribing competency framework in designing a seven week teaching programme for fifth year medical undergraduates, the effectiveness of which has been demonstrated by a pre- and post- teaching assessment that allows the students to demonstrate competency in many of the areas identified in the framework (calculations, identifying adverse drug reactions, considering contraindications to therapies, use of formularies)."

  Medical Education, NHS
  Betsi Cadwaladr University Health Board

• “Prescribing programmes at UoR have used the single competency framework for all prescribers since 2012 to map across practitioner’s portfolio of evidence. They must also work with their DMP to develop and demonstrate competence across the framework, leading to a final sign-off against the statements (contextualised to their scope of practice). We like using the framework as it provides a method to assess practitioners across the MDT, creating commonality and shared learning. Many HEI’s use the framework, which means they can provide evidence of robust and valid support tools, and assessment methods, which underpin their programmes’ QA. UoR updated our programme to use the competency framework for all prescribers in July 2016, ensuring our programme remained valid, as well as providing the tools for our students to start their lifelong learning journey.”

  CIPPET, University of Reading
Scope of the updated competency framework

• It is a generic framework for any prescriber (independent or supplementary) regardless of their professional background
• It must be contextualised to reflect different areas of practice and levels of expertise. It reflects the key competencies needed by all prescribers; it should not be viewed as a curriculum but rather the basis on which one can be built
• It applies equally to independent prescribers and to supplementary prescribers but the latter should contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship
• Whilst it does contain a competency on prescribing professionally there is still a need for prescribers to consider how their own professional codes of conduct, standards and guidance apply to prescribing (examples given alongside the framework document)
Introduction to the updated competency framework

• There are ten competencies split into two domains:

  - Prescribing governance
  - The consultation

• Within each of the ten competencies there are statements which describe the activity or outcomes prescribers should be able to demonstrate:
  1. Assess the patient
  2. Consider the options
  3. Reach a shared decision
  4. Prescribe
  5. Provide information
  6. Monitor and review
  7. Prescribe safely
  8. Prescribe professionally
  9. Improve prescribing practice
  10. Prescribe as part of a team
1. Structure change: more intuitive with competencies 1-6 reflecting the consultation and competencies 7-10 the governance around the consultation.

2. New behavioural statements to explicitly reflect challenges in practice (e.g. recognising inappropriate polypharmacy and the to consider dose optimisation and de-prescribing) or changes to practice (e.g. challenges associated with remote prescribing).

3. Explicit discussion about the application of professionalism (sits alongside the framework rather than within it).
The prescribing competency framework (main changes)

4. Refinements of existing statements due to restructuring and new scrutiny including:
   • Consolidation of behavioural statements;
   • Rewording for clarity;
   • Improvements to sentence structure of indicators; and
   • Some deletions due to overlap and removal of general statements on professionalism
1. Assess the patient

1.1 Takes an appropriate medical, social and medication* history including allergies and intolerances.
1.2 Undertakes an appropriate clinical assessment.
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient’s management to date.
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).
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.
1.7 Reviews adherence to 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.

*This includes current and previously prescribed and non-prescribed medicines, online medicines, supplements, complementary remedies, illicit drugs and vaccines.
2. Consider the options

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 optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).

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 may be altered (e.g. by genetics, age, renal impairment, pregnancy).

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 of administration 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 and promoting health.

2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.
3. Reach a shared decision

3.1 Works with the patient/carer in partnership to make informed choices, agreeing a 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 treatment with medicines.

3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/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/carers.

3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.

3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.
4. Prescribe

4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.

4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.

4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).

4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.

4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.

4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.

4.7 Considers the potential for misuse of medicines.
4. Prescribe (continued)

4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).

4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.

4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).

4.11 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.

4.12 Makes accurate, legible and contemporaneous records and clinical notes of prescribing decisions.

4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.
5. Provide information

5.1 Checks the patient/carer’s understanding of and commitment to the patient’s management, monitoring and follow-up.

5.2 Gives the patient/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 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.

5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.

5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.
6. Monitor and review

6.1 Establishes and maintains a plan for reviewing the patient’s 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 reporting systems.

6.4 Adapts the management plan in response to on-going monitoring and review of the patient’s condition and preferences.
7. Prescribe safely

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 errors and how to prevent, avoid and detect them.

7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.

7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).

7.5 Keeps up to date with emerging safety concerns related to prescribing.

7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.
8. Prescribe professionally

8.1 Ensures confidence and competence to prescribe are maintained.
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber’s personal considerations.
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.
9. Improve prescribing practice

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 available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).
10. Prescribe as part of a team

10.1. Acts as part of a multidisciplinary team to ensure that continuity of care across 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 prescribing.

10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.

10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.
Supporting resources on the RPS website

- Shared examples of practice (send examples to: support@rpharms.com)
- Template of the framework to download
- FAQs
- PowerPoint slide set
- Webinar (RCN and RPS)

www.rpharms.com/prescribingframework
You can find more details about this work on the RPS website: www.rpharms.com/prescribingframework