Prescribing competency framework

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Context: a brief history

• Developed by National Prescribing Centre (NPC) 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: 2001, 2003, 2004

• 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 NPC (then part of NICE) competency framework for prescribers was published by NICE in 2012.

- RPS have worked in collaboration with all the prescribing professions GB wide to update the competency framework.

- Accordingly the competency framework has been endorsed by other professional bodies

- Going forward the RPS will continue to publish (and maintain) the updated competency framework in collaboration with the other prescribing professions.

- The framework is published on the RPS website for all regulators, professional bodies, prescribing professions, educational providers, and patients to use.
Brief context (process)

DEVELOPMENT PROCESS

- Literature review
- Steering group update framework (taking into account literature review)
- Validation group review updated framework (6 weeks)
- Framework document drafted
- Open consultation for external review
- Comments incorporated
- Framework finalised
- Steering group meeting to review comments
- Comments incorporated

ENGAGEMENT STRATEGY

- ENGAGEMENT WITH WIDER STAKEHOLDERS VIA EXTERNAL REFERENCE GROUP
  - 70+ members (prescribers, professional bodies, patients, regulators, HEIs)
- STRATEGIC SUPPORT ACROSS THE UK THROUGH THE PROJECT BOARD

Patients and active prescribers from across all professions
95 responses
Uses of the competency framework

• To acquire and maintain competence to be safe, effective prescribers who are able to support patients to get the best outcomes from their medicines.

• To underpin professional responsibility for prescribing.

• To inform standards, the development of education, and the guidance and advice from regulators, education providers, professional organisations and specialist groups.

• To bring professions together and harmonise education for prescribers by offering a competency framework for all prescribers; with this comes shared understanding.
“The Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) has embedded the competency framework into a practice portfolio which forms part of our accredited independent pharmacist prescribing programme. All pharmacists use the practice portfolio to document their developing competency over the course of the programme with the expectation that pharmacists document their competency against most statements in the competency framework before qualifying as a prescriber. The practice portfolio is submitted to NICPLD for assessment and must be passed independently of all other elements of the course to qualify as a prescriber.”

“Non medical prescribing courses in the North West region are all structured around the prescribing competency framework so prescribers are familiar with its contents prior to qualification. I expect every non medical prescriber in my organisation to be familiar with the framework and I direct new prescribers and those new to the organisation to it at our first meeting. Personally I intend to use the framework to evidence how I stay 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 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
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 prescribing competency framework

• There are **ten** competencies split into **two** domains.

• Within each of the ten competencies there are statements which describe the activity or outcomes prescribers should be able to demonstrate.
The prescribing competency framework (main changes)

- Structure change – more intuitive with competencies 1-6 reflecting the consultation and competencies 7 – 10 the governance around the consultation

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

- 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.

- Explicit discussion about the application of professionalism (sits alongside the framework rather than within it)
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, on-line 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.
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
- www.rpharms.com/prescribingframework
What next for you?

• Download competency framework for all prescribers

• Review your own (and others) practice against it

• Draw up an ‘action plan’

• Share your learning with others
You can find more details about this work on the RPS website: www.rpharms.com/prescribingframework