Improving non-medical prescribing practice and competence

Implementing the new national competency framework

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Brief

- improving nurse prescribing practice
- implementing the new national competency framework
- ensuring you have the history-taking, clinical assessment and diagnosis skills to prescribe appropriately and effectively
- keeping your prescribing knowledge up-to-date: accessing education, training and resources
- coaching and mentoring for current and aspiring nurse prescribers
- interactive question session
Improving NMP...

- I KEEP six honest serving-men
  (They taught me all I knew)

Their names are **What** and **Why** and **When**
And **How** and **Where** and **Who**

(Rudyard Kipling)
Improving NMP...

- **Why?** improve non-medical prescribing?
- **What?** do we want to improve?
- **How?** can we improve non-medical prescribing? - single competency framework
- **Who?** all prescribers - interactive... which means... you
WHY to improve?

- all legally authorised prescribers should take personal responsibility for maintaining and updating their knowledge and practice related to prescribing...

- including taking part in clinical audit, and should never prescribe in situations beyond their professional competence

(Crown Report 1999, p.68)
The Code  (NMC, 2015)

- prescribe, advise on, or provide medicines or treatment, including repeat prescriptions (only if you are suitably qualified) if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs

- make sure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment they are receiving, including (where possible) over-the-counter medicines

(NMC, 2015)
The Code (NMC, 2015)

- You must fulfil all registration requirements...
  - keep to our prescribed hours of practice and carry out continuing professional development activities
  - keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance

(NMC, 2015)
Continuing professional development (NMC, 2006)

15.1 It is your responsibility to remain up-to-date with knowledge and skills to enable you to prescribe competently and safely.

15.3 As a nurse or midwife who is recorded on the register as being a prescriber, you should ensure that your continuing professional development is in line with your role as a prescriber.

(Practice standard 15, NMC, 2006)
Continuing professional development (HCPC)

- 3.3 you must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development
- 3.4 you must keep up to date with and follow the law, our guidance and other requirements relevant to your practice
- 3.5 you must ask for feedback and use it to improve your practice

(Standards of conduct, performance and ethics, HCPC, 2016)

- seek to ensure that their CPD has contributed to the quality of their practice and service delivery
- seek to ensure that their CPD benefits the service user

(Standards of CPD, HCPC, 2012)
Practice guidance for radiographer prescribers (SCoR, 2016)

- must remain up-to-date with appropriate knowledge and skills to enable you to prescribe competently and safely within your scope of practice
- should ensure that your prescribing CPD is in line with your current or future practice, including your role as a prescriber
- should record your CPD in a format that easily enables you to demonstrate your fitness to practise as a prescriber
- should ensure that you set aside sufficient time to access programmes and resources to meet your prescribing CPD needs
Standards for pharmacy professionals
(GPhC, 2017)

- **Standard 4**: Pharmacy professionals must maintain, develop and use their professional knowledge and skill

People receive safe and effective care when pharmacy professionals:

- use their skills and knowledge, including up-to-date evidence, to deliver care and improve the quality of care they provide
- carry out a range of continuing professional development (CPD) activities relevant to their practice
- use a variety of methods to regularly monitor and reflect on their practice, skills and knowledge
Reasonable foreseeability

- principle of law of negligence:
  - precautions can be taken only against reasonably known risks
  - we cannot take the benefits without taking the risks. Every technique is also attended by risks... something goes wrong... then it is put right
  - we must not look at the 1947 accident with 1954 spectacles

(Roe v Minister of Health (1954) 2QB 66)
The Bolam test

- The standard of the ordinary skilled man exercising and professing to have that special skill...

(Bolam v Friern Barnet HMC [1957] 2 All ER 118; 1WLR 115)
Prescribing error - PRACtICE study (2012)

- Errors are common in General Practice
- 1 in 20 prescription items with errors
- 1 in 8 patients experienced prescription error
- 1 in 550 errors with potential for severe harm
Prescribing error – EQUIP (2009)

- 11,077 errors detected in 124,260 medication orders checked on seven ‘census days’ in 19 acute hospital trusts in North-west England
- mean error rate of 8.9 errors per 100 medication orders
- systematic review found a slightly lower error rate (median 7%)
- ‘safety culture’ was conspicuous by its absence from respondents’ discourses of their prescribing errors
Nurse & pharmacist independent prescribing (Latter et al., 2010)

- Currently safe and clinically appropriate.
- Majority of patients reported they were very satisfied with their visit to the NMP - overall felt they had a good relationship and confidence.
- Assessment and diagnostic skills associated could be improved.
- Some medicines prescribed may not be the most cost effective and/or consistent with national guidelines.
- Clinical governance and risk management strategies are in place within the majority of Trusts.
- Most prescribers report using a range of quality assurance tools and CPD activities, and have on-going support from an experienced prescriber.
- Patient feedback strategies were not used by the majority of Trusts.
WHY? improve NMP...

- professional and regulatory body requirement of practice and continued registration
- preparation for revalidation
- legal duty of care
- employer requirement as part of governance
- employer requirement as part of service delivery
- personal motivation
  - accountability of the individual
  - ethics of practice
  - satisfaction in practice
  - self advancement
WHAT? to improve...
Prescribers’ competency frameworks

- available for some time
- DH request for nurses competencies
- subsequent pharmacist and AHP competencies
- doctors and dentists?

- unified professional framework
  - NPC single competency framework 2012
  - RPS competency framework for all prescribers 2016
Competencies and frameworks

- What is a competency?
  - knowledge, skills, motives and personal traits or attitudes

- What is a competency framework?
  - collection of competencies thought to be central to effective performance

- What are the key competencies for a prescriber?
  - please list some... key...
Development of competence…

- use of Learning Needs Analysis to identify areas of strength and areas for development

- develop competence through
  - theoretical underpinning
  - clinical application
  - reflection

- demonstrate competence
  - theoretical assessment to test knowledge
  - application in clinical practice
  - development of portfolio of prescribing practice
Uses of the framework

- curricula development
  - initial preparation to prescribe
  - support continuing professional development (CPD)
- individual prescribers
  - self-assessment and appraisal
- managers or professional bodies for
  - clinical governance
  - recruitment
  - training needs assessment
- professional organisations / regulatory bodies
  - standards for prescribing practice
Uses of the competency framework (RPS, 2016)

- if acquired and maintained... will help healthcare professionals to be safe, effective prescribers ... able to support patients to get the best outcomes from their medicines

- used by any prescriber at any point in their career to underpin professional responsibility for prescribing

- used by regulators, education providers, professional organisations and specialist groups to inform standards, the development of education, and to inform guidance and advice

- provides the opportunity to bring professions together and harmonise education for prescribers
RPS review aims

- identify any new competencies or standards linked to non-medical and medical prescribing that have been established since the publication of the single competency framework for all prescribers

- identify any relevant research that has utilised the framework for professional development to identify any potential areas of improvement relating to the use of the framework

(RPS, 2016)
New competency? - the draft...

- proposed ‘deprescribing’ as a competency
- polypharmacy
- co-morbidities - health system hesitancy to stop medicines
- review work has identified examples of medicines that can be straightforward to review
- need for appropriate education for medication review and deprescribing
Purpose of the framework
(RPS, 2016)

A tool to:

- facilitate good prescribing practice by all health care professionals who can prescribe
- to help ensure that patients receive the same high quality of care irrespective of the professional background of the prescriber
Patient-centred prescribing (RPS, 2016)

1. Clinical governance
2. The consultation
3. The patient
## Ten competency dimensions

<table>
<thead>
<tr>
<th>The Consultation</th>
<th>Prescribing Governance</th>
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<tbody>
<tr>
<td>1. Assess the patient</td>
<td>7. Prescribe safely</td>
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<td>2. Consider the options</td>
<td>8. Prescribe professionally</td>
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<td>3. Reach a shared decision</td>
<td>9. Improve prescribing</td>
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<td>10. Prescribe as part of a team and system</td>
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- 10. Prescribe as part of a team and system
HOW to improve?
Using the framework to identify strengths and development areas...

1. Reflect on a recent prescribing consultation you had with a patient that you felt did not go well, or resulted in an error - what happened? How might it have been prevented?

2. Reflect on a recent prescribing consultation you had with a patient that you felt went well - what happened? Why did this have a good outcome?

3. Approach the framework one competency at a time

4. Spend some time thinking about how the statements apply to your own prescribing practice and context

5. In your view, what are the key areas that you need to develop and enhance to improve your prescribing? How will you do this? How will you know that you have achieved this?
How...?
(Nimmo, Paterson and Irvine, 2017)

<table>
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<tr>
<th>Resources</th>
<th>Number of responses</th>
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<tr>
<td>Prescribing group membership</td>
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<td>Online forums/modules</td>
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<td>Peer support/review</td>
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<td>In-house sessions or external study</td>
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<tr>
<td>Personal study or reflection</td>
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Maintenance of prescribing CPD
Accessing training and CPD

- Clinical supervision
- Trusts and employers
- Drug Company sponsored events
- Conferences, seminars, workshops
- Private CPD companies
- Online CPD – journals, online education providers
- Higher Education Institutions
Competencies

- what is known
- individual and measurable skills demonstrated and assessed against agreed standards of competence
- know how
- deal with predictable, rather than unknown contexts
- assessment of competence provides confidence
Criticisms of a competence-based approach (Banning, 2012)

- Deconstruction of professional competencies into component competencies ignores complexity of professional practice.
- How do we recognise competence against these measures?
- Competent/expert continuum or competent/not competent?
- Assessment relies on assessor’s differentiation.
- The competency framework... there is still a need for prescribers to consider how their own professional codes of conduct, standards and guidance apply to prescribing.
Pyramid of knowledge for NMP practice development (Banning, 2012)

- Functional (performance knowledge)
- Conditional (know why)
- Process (know how)
- Propositional (know)
Competence or capability?

- learner-centred
- reflective
- exploration of the unknown or ambiguous
- problem solving
- clinical reasoning
Who to improve?
Nurse & pharmacist independent prescribing (Latter et al., 2010)

- currently safe and clinically appropriate
- majority of patients reported they were very satisfied with their visit to the NMP - overall felt they had a good relationship and confidence

1. assessment and diagnostic skills associated could be improved
2. some medicines prescribed may not be the most cost effective and / or consistent with national guidelines
3. clinical governance and risk management strategies are in place within the majority of Trusts
4. most prescribers report using a range of quality assurance tools and CPD activities, and have on-going support from an experienced prescriber
5. patient feedback strategies were not used by the majority of Trusts
And finally...

- I KEEP six honest serving-men
  (They taught me all I knew)

Their names are **What** and **Why** and **When**
And **How** and **Where** and **Who**

- I know a person small - she keeps ten million serving-men,
  Who get no rest at all...
- One million **Hows**, two million **Wheres**, 
  And seven million **Whys**!

QUESTIONS?

Thank you