

Maintaining Competency in Prescribing

An outline framework to help pharmacist prescribers

Second Edition
October 2006



NPC Plus


About this document

The organisations involved

The production of this document was commissioned by the Department of Health (DH) www.dh.gov.uk who, in conjunction with the Royal Pharmaceutical Society of Great Britain (RPSGB) www.rpsgb.org and the Medicines and Healthcare products Regulatory Agency (MHRA) www.mhra.gov.uk, have worked alongside the National Prescribing Centre (NPC) www.npc.co.uk throughout its development.

This competency framework should be used in conjunction with the clinical governance framework published by the RPSGB www.rpsgb.org.uk.

National Prescribing Centre

The NPC is an NHS organisation, its aim is:

‘To promote and support high quality, cost-effective prescribing and medicines management across the NHS, to help improve patient care and service delivery’

The NPC’s objective is to develop a co-ordinated programme of activities, within the wider context of evidence-based medicine, providing varying levels of support to relevant NHS audiences. This is achieved by considering the major short and medium term needs of each identified audience, around prescribing, within the following main areas of work:

- Information on medicines and their use
- Education and development
- Medicines management services
- Dissemination of good practice

Work in these four areas is supported and reinforced by additional umbrella activities in the broader developmental areas of information technology and informing research and development (R&D).

The NPC has collaborative links with a wide range of relevant national bodies and professional groups and is now also working closely with the National Institute for Health and Clinical Excellence.

For more information on the work and publications of the NPC, **including downloadable copies of this document**, please visit our websites at www.npc.co.uk (Internet) or www.npc.nhs.uk (NHSNet).

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Foreword

The decision by Patricia Hewitt, Secretary of State for Health in November 2005 to go ahead with independent prescribing by pharmacists is an important milestone towards improving patients' access to care and the medicines patients need. It will provide patients with more choice; it will put pharmacists right at the front line of safe patient care.

For pharmacists themselves, it truly does herald a new era. It places pharmacists right at the centre of clinical decision-making and provides them with another opportunity to work as members of a multidisciplinary team to improve care for patients. Whilst supplementary prescribing has provided many pharmacists with the opportunity to work with independent prescribers to deliver safe and effective care for patients within individual clinical management plans, independent prescribing goes a step further. It allows competent pharmacists to make autonomous decisions about the treatment that patients need, whilst still working within multi-professional teams.

All pharmacists will recognise the new responsibilities that prescribing brings. It is vital that prescribers keep their skills up-to-date and are competent to make the prescribing decisions for the therapeutic areas within which they work. That is why I am delighted to support this competency framework for independent prescribing by pharmacists which has been developed by the National Prescribing Centre (NPC) in collaboration with other stakeholders. The competency framework will help identify gaps in pharmacists' competence and provide a valuable tool for the continuing professional development of these pharmacists. The framework will assist in the safe and effective delivery of independent prescribing by pharmacists. It will also help those leading the profession play their part in ensuring organisations recognise and take advantage of the opportunities that pharmacist independent prescribing will generate for service redesign, modernisation and reform.

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1 Introduction

1.1 Purpose of this document

In November 2005 the Government announced that, following changes to legislation, from Spring 2006 appropriately qualified pharmacist independent prescribers would be able to prescribe any licensed medicine for any medical condition — with the exception of controlled drugs.

The introduction of pharmacist independent prescribing will ensure that pharmacists are able to fully utilise their clinical expertise and their specialist knowledge of medicines-use, to benefit patients. It will also significantly increase their contribution to developing and delivering more flexible, patient-centred services.

Pharmacists will be able to prescribe independently once they have successfully completed a training programme accredited by the Royal Pharmaceutical Society of Great Britain (RPSGB).¹

In order to fully develop safe, effective prescribing practice, all prescribers need to achieve and maintain competency in this role. To make this happen they clearly need an effective professional governance framework, appropriately designed training and access to robust, quality assured support and continuing professional development materials. This document presents a framework of prescribing competencies which can be used, in both independent and supplementary prescribing, to:

- Help ensure that pharmacist prescribers possess all the relevant competencies to undertake supplementary prescribing, and / or independent prescribing
- Inform the commissioning, development and provision of appropriate continuing education and training programmes for pharmacist prescribers
- Help pharmacist prescribers and their employers / managers identify ongoing training and development needs
- Support individual continuing professional development (CPD)
- Support professionals locally by providing a framework to help recruitment and selection procedures and to inform appraisal systems

¹ More information about pharmacist prescribing can be found on the Department of Health website www.dh.gov.uk and the RPSGB website www.rpsgb.org.



1.2 Main audiences for this document

Given the uses of the framework highlighted in section 1.1, the main audience for this document will include:

- Pharmacists who are, or wish to become, prescribers (supplementary or independent)
- Commissioners and providers of education and training
- Professionals and managers involved in supporting pharmacist prescribers
- Primary Care Trusts, NHS Trusts, Strategic Health Authorities, the independent sector and other employers
- Local professional groups, such as local pharmaceutical committees, local medical committees, pharmaceutical advisers and non-medical prescribing leads
- The RPSGB



2 Competencies and their uses

2.1 What is a competency framework?

A competency is a quality or characteristic of a person which is related to effective or superior performance. Competencies can be described as a combination of knowledge, skills, motives and personal traits. Competencies help individuals (and their managers) look at how they do their jobs.

A competency framework is a collection of those competencies thought to be central to effective performance. Development of competencies should help individuals to continually improve their performance and to work more effectively.

This document provides an outline framework of competencies that, if acquired and maintained, should help pharmacists to be safe, effective prescribers. Because this is an outline framework, it is best used as a starting point for discussion of how competencies apply to practice by individual, or groups of, pharmacists either at a local or national level.

2.2 What can competency frameworks be used for?

Competency frameworks are extremely flexible tools which can be used to support a wide range of activities. Extensive guidance on how to apply and use the competency framework is outside the scope of this document. However some brief examples have been included to give an idea of how the framework might be used:

- As an aid to training and development
- By individuals for their own CPD



Using the competency framework in training and development

The competency framework can be used as an aid to any training and development programme, for example, it can be used:

- To inform the development of an initial curriculum
- To help providers of initial training programmes to identify learning outcomes
- As a self-assessment tool for health care professionals to evaluate their own level of competency when considering a training and development programme
- To help managers and pharmacist prescribers to identify ongoing training and development needs
- To provide an ongoing way of structuring CPD (see below)

Using the competency framework to facilitate individual CPD

The framework provides an excellent tool to help individuals assess their own prescribing practice. This sort of competency framework has already been used by independent nurse prescribers in this way. Here are some hints from nurse prescribers who have already used it:

- Think of the framework as a way of guiding your reflections on your practice
- Think about using it in a variety of settings to suit your needs, for example, it may be used alone, in a peer group or with your clinical lead
- The framework contains a lot of information. You might find it easier to work through it gradually, one section at a time or one competency at a time
- Remember there are only nine different competencies, try not to get overwhelmed
- If it helps, download a copy of the framework along with a blank template with space for notes against each competency (www.npc.co.uk)



3 Introducing the competency framework for pharmacist prescribers

3.1 Who is the framework for?

The competency framework on pages 10–12 of this section is relevant to:

- Pharmacist independent prescribers
- Pharmacist supplementary prescribers (the framework should be used with the modifications detailed on page 13)

3.2 The structure of the framework

Key point

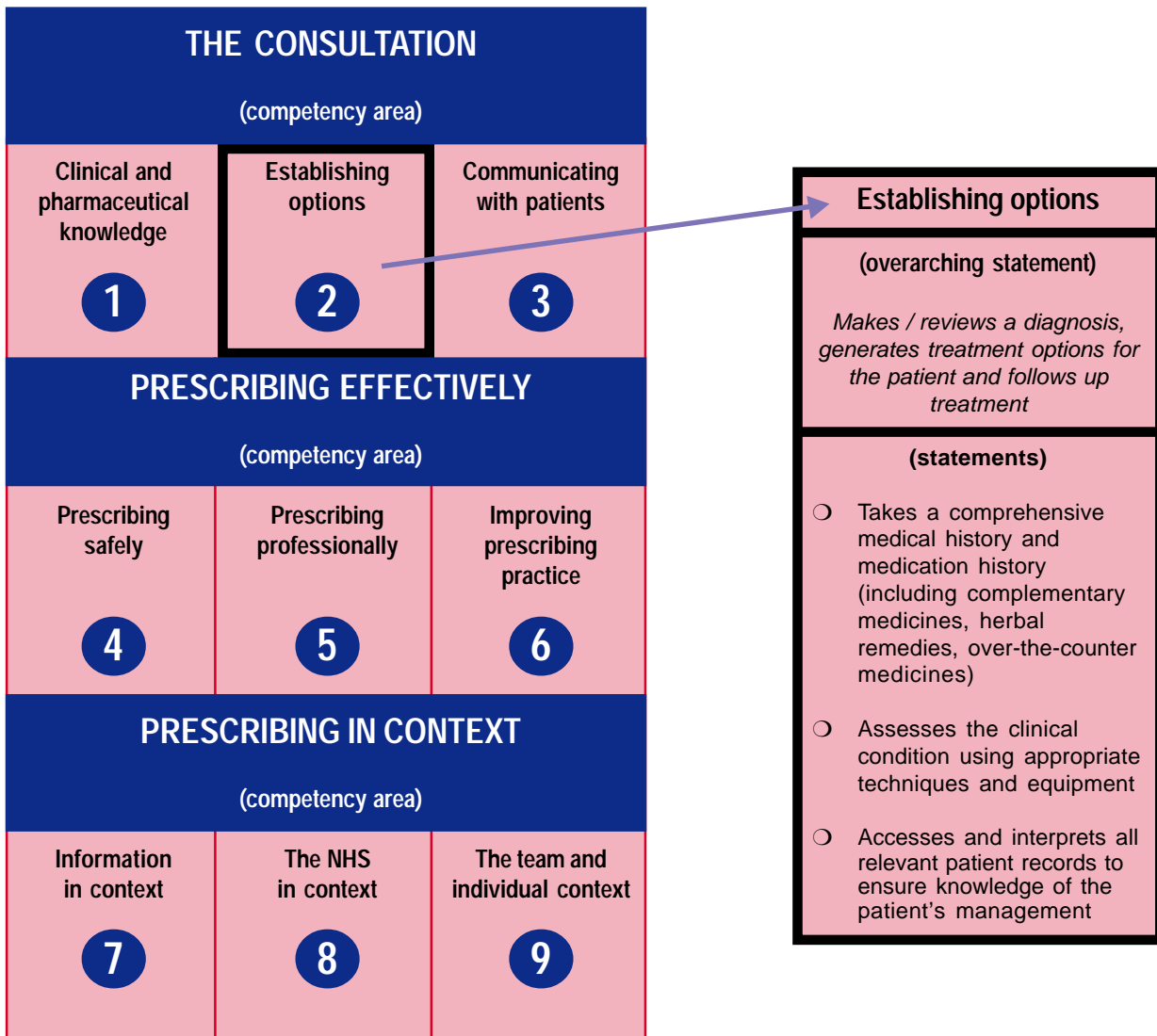
The framework contains NINE competencies. For ease, these have been grouped into three areas, with three competencies in each area

This competency framework for pharmacist prescribers is made up of the following components, which are illustrated in figure 1 (page 8):

- There are three areas of competency in the framework:
 - The consultation
 - Prescribing effectively
 - Prescribing in context
- Each of these three areas contains three competencies. This framework therefore consists of NINE different competencies
- Each of the nine competencies has:
 - An overarching statement which gives an overview of what the competency is about
 - A number of statements which pharmacists who have that competency will be demonstrating both in initial training and in their practice



Figure 1: Basic structure of the competency framework





3.3 Key features of the framework

Key point

Before using the competency framework on pages 10–12 read these key features. They will help you interpret this framework

- ❑ This framework is an **outline framework** which can be used by ALL prescribing pharmacists regardless of the area in which they are practising
- ❑ All nine competencies will be relevant to all pharmacists. However, some of the statements supporting the competencies will be **more relevant to some pharmacists than others**
- ❑ The framework should therefore be used as a **starting point for discussion** about how the competencies apply to individual practice
- ❑ Initially, **using this framework effectively will take time**. How each of the statements supporting the nine competencies applies to pharmacists (or groups of pharmacists) must be considered
- ❑ When considering these statements, be aware that some are more complex than others. **Expect to spend more time on the more complex statements**
- ❑ The bullet pointed statements in each competency should be read one after another **DOWN** the list, **NOT** across competency boxes

3.4 The framework of prescribing competencies for pharmacists

The competency framework for all pharmacist prescribers is outlined on the following four pages. There are several modifications and additions to the framework, which apply specifically to supplementary prescribers (see page 13). Where statements have been modified for supplementary prescribers this is cross-referenced in the framework itself. If you are unclear about the format refer to the notes earlier in this section which highlight key features and explain the structure of the framework.

THE CONSULTATION

1 CLINICAL AND PHARMACEUTICAL KNOWLEDGE	2 ESTABLISHING OPTIONS	3 COMMUNICATING WITH PATIENTS (carers, parents and / or advocates where appropriate)
<i>Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice.</i>	<i>Makes / reviews a diagnosis, generates treatment options for the patient and follows up treatment.*</i>	<i>Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance.</i>
<ol style="list-style-type: none"> 1 Understands the conditions being treated, their natural progress and how to assess their severity 2 Understands different non pharmacological and pharmacological approaches to modifying conditions and promoting health, desirable and undesirable outcomes and how to identify and assess them 3 Understands the mode of action and pharmacokinetics of medicines, how these mechanisms may be altered (e.g. by age, renal impairment) and how this affects dosage 4 Understands the potential for unwanted effects, (e.g. adverse drug reactions [ADRs], drug interactions, allergy), and how to avoid/minimise and manage them 5 Maintains an up-to-date knowledge of relevant products (e.g. doses, formulations, pack sizes, storage conditions and cost) 6 Appreciates the misuse potential of drugs 7 Applies the principles of evidence-based medicine, and clinical and cost-effectiveness 8 Understands how medicines are licensed, sourced, supplied and monitored (e.g. how ADRs are reported) 9 Understands the public health issues related to medicines and their use 10 Is aware of infection control procedures 	<ol style="list-style-type: none"> 1 Takes a comprehensive medical history and medication history (including complementary medicines, herbal remedies, over-the-counter medicines) 2 Assesses the clinical condition using appropriate techniques and equipment 3 Accesses and interprets all relevant patient records to ensure knowledge of the patient's management 4 Identifies the nature, severity and significance of the clinical problem (i.e. formulates a 'working' diagnosis from differential diagnosis)* 5 Requests, and interprets, relevant investigations 6 Views and assesses the patient's needs holistically (e.g. psychosocial, physical) 7 Considers no treatment, non-drug and drug treatment options (including referral and preventive measures) 8 Assesses the effect of multiple pathologies, existing medication and contraindications on treatment options 9 Assesses the risks and benefits to the patient of taking/not taking a medicine (or using/not using a treatment) 10 Selects the most appropriate drug, dose and formulation for the individual patient and prescribes appropriate quantities 11 Monitors effectiveness of treatment and potential unwanted effects 12 Makes changes to the treatment plan in light of ongoing monitoring and the patient's condition and preferences* 13 Establishes and maintains a plan for reviewing the therapeutic objective, discharge or end point of treatment 14 Ensures that patients can access ongoing supplies of their medication 	<ol style="list-style-type: none"> 1 Listens to and understands patients' beliefs, ideas, concerns and expectations 2 Understands the cultural and religious implications of the diagnosis / prescribing 3 Undertakes the consultation in an appropriate setting and adapts to meet the needs of different patients (e.g. language, level of understanding, physical impairments) 4 Deals sensitively with patients' emotions and concerns 5 Creates a relationship which does not encourage the expectation that a prescription will be supplied 6 Explains the nature of the patient's condition, the rationale behind and potential risks and benefits of management options 7 Enables patients to make informed choices about their management 8 Negotiates an outcome of the consultation that both patient and prescriber are satisfied with 9 Encourages patients to take responsibility for their own health and self manage their conditions 10 Gives clear instructions about the medication (e.g. what it is for, how to use it, where to get it from, possible unwanted effects) 11 Checks the patients' understanding of, and commitment to, their management and follow-up
<p>* This statement is modified for supplementary prescribers; refer to page 13</p>		



PRESCRIBING EFFECTIVELY		
4 PRESCRIBING SAFELY	5 PRESCRIBING PROFESSIONALLY	6 IMPROVING PRESCRIBING PRACTICE
<i>Is aware of own limitations. Does not compromise patient safety. Justifies prescribing decisions.</i>	<i>Works within professional, regulatory and organisational standards.</i>	<i>Actively participates in the review and development of prescribing practice to improve patient care.</i>
<ol style="list-style-type: none"> 1 Knows the limits of own knowledge and skill, and works within them 2 Knows when and how to refer to, or seek guidance from, another member of the team or a specialist* 3 Only prescribes a medicine with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects 4 Checks doses and calculations to ensure accuracy and safety 5 Keeps up-to-date with advances in practice and emerging safety concerns 6 Knows about common types of medication errors and how to prevent them 7 Makes prescribing decisions often enough to maintain confidence and competence 8 Understands the need for and makes accurate, clear and timely records and clinical notes* 9 Generates legible, clear and complete prescriptions, which meet legal requirements 	<ol style="list-style-type: none"> 1 Accepts personal responsibility for own prescribing and understands the legal and ethical implications of doing so 2 Makes prescribing decisions, based on the needs of patients and not the personal considerations of the prescriber 3 Understands how current legislation affects prescribing practice 4 Prescribes within current professional and organisational codes of practice / standards 5 Maintains patient confidentiality 6 Takes responsibility for own continuing professional development 7 Keeps prescriptions safely and knows what to do if they are stolen/lost 8 Protects the security of own access to electronic medical records and prescribing systems 	<ol style="list-style-type: none"> 1 Learns and changes from reflecting on own practice 2 Shares and debates own and others prescribing practice 3 Challenges inappropriate practice constructively 4 Develops own networks for support, reflection and learning 5 Understands and uses tools to improve practice (e.g. data, audit and feedback) 6 Reports prescribing errors and near misses, reviews practice to prevent recurrences 7 Establishes multi-professional links with practitioners working in the same specialist area
* This statement is modified for supplementary prescribers; refer to page 13		



PRESCRIBING IN CONTEXT

7 INFORMATION IN CONTEXT	8 THE NHS IN CONTEXT#	9 THE TEAM AND INDIVIDUAL CONTEXT
<i>Knows how to access relevant information. Can critically appraise and apply information in practice.</i>	<i>Understands, and works within, local and national policies that impact on prescribing practice. Sees how own practice impacts on wider NHS.</i>	<i>Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber.</i>
<ol style="list-style-type: none"> 1 Understands the advantages and limitations of different information sources 2 Uses relevant, up-to-date information 3 Critically appraises the validity of information sources (e.g. promotional literature, research) 4 Applies information to the clinical context (linking theory to practice) 5 Uses relevant patient record systems, prescribing and information systems, and decision-support tools 6 Regularly reviews evidence behind therapeutic strategies 	<ol style="list-style-type: none"> 1 Knows how local health service and partner organisations work and interact 2 Follows relevant local and national guidance for medicines use (e.g. local formularies, care pathways, NICE guidance) 3 Works within the NHS / organisational code of conduct when dealing with the pharmaceutical industry 4 Understands budgetary constraints at local and national levels 5 Understands national NHS frameworks relevant to medicines use (e.g. clinical governance, IT strategy) 	<ol style="list-style-type: none"> 1 Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is not compromised 2 Establishes relationships with colleagues based on understanding, trust and respect for each others roles 3 Establishes and maintains credibility with colleagues in the health care team 4 Recognises and deals with pressures that might result in inappropriate prescribing (e.g. pharmaceutical industry, patients and colleagues) 5 Is proactive, adaptable, flexible and responsive to change 6 Negotiates the appropriate level of support for role as a prescriber 7 Seeks and/or provides support and advice to other prescribers, team members or support staff where appropriate
<p># This competency has an NHS focus. However, the principles underpinning the statements still apply to health care professionals working in non-NHS organisations</p>		



3.5 Competencies for pharmacist supplementary prescribers

The competencies for pharmacist supplementary prescribers are essentially those presented in the competency framework for pharmacist prescribers (pages 10–12) with some modifications and additions which relate specifically to the unique nature of the supplementary prescribing concept. These modifications are presented in table 1 below and are cross referenced to the prescribing competency framework on pages 10–12.

Table 1: Modifications and additions to the pharmacist prescribers competency framework relevant to pharmacist supplementary prescribers

THE CONSULTATION		
Competency	Statement	Modification / new statement
Establishing options	Reviews diagnosis, generates treatment options for the patient and follows up treatment within the scope of the clinical management plan	MODIFIED; overarching statement
	Reviews / identifies the nature, severity and significance of the clinical problem (i.e. formulates a 'working' diagnosis from a 'differential' diagnosis)	MODIFIED; statement 4
	Makes changes within the clinical management plan in light of ongoing monitoring and the patient's condition and preferences	MODIFIED; statement 12
PRESCRIBING EFFECTIVELY		
Competency	Statement	Modification / new statement
Prescribing safely	Knows when and how to refer to, or seek guidance from, the independent prescriber, another member of the team or a specialist	MODIFIED; statement 2
	Understands the need for and makes accurate, clear and timely records in shared patients notes	MODIFIED; statement 8
Prescribing professionally	Understands the scope of own prescribing responsibility in the context of a shared clinical management plan	NEW STATEMENT
	Ensures that the patient has agreed to be managed by a prescribing partnership	NEW STATEMENT
PRESCRIBING IN CONTEXT		
Competency	Statement	Modification / new statement
The NHS in context	Understands the framework of supplementary prescribing and how it is applied in practice	NEW STATEMENT
The team and individual context	Negotiates with the independent prescriber to develop and agree clinical management plans	NEW STATEMENT
	Relates to the independent prescriber as a partner	NEW STATEMENT
	Maintains the integrity of the prescribing partnership	NEW STATEMENT



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How the framework was produced

This document outlines the competencies that pharmacists should acquire and maintain in order to support good quality prescribing. Additional and modified competencies for pharmacist supplementary prescribers are also identified. This document updates the competency framework for supplementary pharmacist prescribers published in 2003.

The updated competency framework builds on earlier work which identified prescribing competencies for nurse prescribers and nurse and pharmacist supplementary prescribers plus optometrist and allied health profession supplementary prescribers.

When developing all these frameworks, the same broad methodology has been used. Since all the frameworks were for health care professionals who have traditionally not been prescribers, the development process was multidisciplinary and drew on expertise from across all professional groups with experience of prescribing (e.g. doctors, nurses, pharmacists, academics).

The competency frameworks were produced to reflect the needs of specific groups of new prescribers and so are subtly different. However, all the frameworks have the same structure and core competencies. This has the potential to allow for a coordinated multidisciplinary approach to training and development for all new prescribers.

To update the pharmacist competency framework, a small project team (appendix 2) reviewed and reutilised all existing work and assessed new developments relevant to pharmacist prescribing. The group updated the framework and the project steering group (see appendix 2) signed off the final document.

For further details of the broad methodology used to develop the prescribing competency frameworks, refer to any of the competency documents on the National Prescribing Centre (NPC) website or contact the NPC directly.



Acknowledgements

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