

Maintaining Competency in Prescribing

An outline framework to
help nurse prescribers

First Edition
November 2001



*NATIONAL
PRESCRIBING
CENTRE*

NHS

About this document

The organisations involved

The National Prescribing Centre (NPC) collaborated with the following organisations in the development of this document:

- English National Board for Nursing, Midwifery and Health Visiting
- Royal College of Nursing
- United Kingdom Central Council for Nursing Midwifery and Health Visiting
- Department of Health (DH)

The National Prescribing Centre

The NPC is a multidisciplinary NHS organisation, funded by the DH. Its aim is to *facilitate the promotion of high quality, cost-effective prescribing and medicines management through a co-ordinated and prioritised programme of activities aimed at supporting all relevant professionals and senior managers working in the modern NHS.*

The NPC has been involved in supporting nurse prescribers since 1998 and has delivered a range of initiatives. These include:

- *Prescribing Nurse* bulletins, resource packs and fact sheets
- One-day conferences and workshops within each NHS Region

For more information about the NPC in general and our initiatives to support nurse prescribers, **including downloadable copies of this document**, please visit our websites at www.npc.ppa.nhs.uk (NHSnet) or www.npc.co.uk (Internet).

The project team

Trudy Granby is the Nurse Prescribing Project Manager at the NPC. She has a background in district nursing and has been involved in the implementation and development of nurse prescribing, at both local and national level, since the days of the pilot sites. Trudy can be contacted on 0151 794 8391 or by email at trudy.granby@liverpool-ha.nhs.uk

Catherine Picton is an independent consultant with extensive experience of healthcare delivery and management. A pharmacist by training, she specialises in people management and workforce development and is currently managing a wide range of projects for the NHS. She has particular expertise in the development and use of competency frameworks by healthcare professionals. Email: cathypicton@cs.com

Written by: Catherine Picton
Annette Ireland, PA to Director

Production and layout:

National Prescribing Centre



Foreword

The development of nurse prescribing has already provided suitably trained district nurses, health visitors and some practice nurses with a new skill to deploy for the benefit of their patients.

In recent years, we have taken careful but significant steps to ensure that such nurses could prescribe safely, appropriately and with confidence. I believe it was right that this very important development in community nursing practice was subject to careful planning and scrutiny. Those nurses and health visitors who undertook prescribing pilots pioneered a step forward in professional practice that put them under pressure and under the spotlight. We are grateful to them for their professionalism and commitment.

Now, in the Autumn of 2001, we have more than 20,000 qualified nurse prescribers working in primary and community care. We are about to take the next step - extending nurse prescribing to more nurses and more medicines, to help manage minor illness, minor injury, health promotion and palliative care.

I am delighted therefore to see this excellent and authoritative document published at this time. The framework will help individual prescribers - both current and future - and their managers to identify, support and develop prescribing competencies. Developed by clinicians, and tested by existing and potential nurse prescribers, this framework provides a very valuable tool for your personal professional development. I commend it to you.

A handwritten signature in blue ink that reads "Sarah Mullally".

Sarah Mullally
Chief Nursing Officer





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1 Introduction

1.1 Purpose of this document

The NHS Plan: A plan for investment, A plan for reform emphasises the necessity to organise and deliver services around the needs of patients. In order to achieve this, traditional demarcations between clinical roles have been, and will be further broken down to allow clinical professionals to work more flexibly for the benefit of patients.

One area in which traditional barriers are being removed is in the area of prescribing. Since 1994, suitably trained district nurses and health visitors have been able to prescribe from a limited list of items. By the beginning of 2002, training should be in place which, once completed, will allow these and other groups of nurses to prescribe from a wider range of medicines.

Clearly, all nurse prescribers¹ need appropriate support, including access to high quality Continuing Professional Development (CPD) material. The purpose of this document is to provide an outline framework of the competencies that nurse prescribers should already have, or need to develop, in order to be safe, effective prescribers. This outline framework can be used to:

- ❑ Help individual nurse prescribers and their managers identify gaps in knowledge and skills, and therefore, **identify training and development needs**
- ❑ Inform the **commissioning, development and provision of education and training** for prescribing nurses
- ❑ Support professionals locally by providing a framework to help **recruitment and selection** procedures and to inform **appraisal systems**

¹ Currently only nurses with a district nurse or health visitor qualification can train to be prescribers. However, when this document refers to 'nurse prescribers' it includes those registered nurses, midwives and health visitors who can, or will be able to prescribe from 2002. The competencies in this document will be relevant to all independent, and in the future, supplementary nurse prescribers.



1.2 Key facts about the outline framework

This framework can be found in Section 4 of the document along with an explanation of its structure and potential uses. However, some of the key features are emphasised here:

- ❑ It is designed for nurse prescribers who have already undertaken the training necessary to obtain prescriber status i.e. **‘qualified’ nurse prescribers**
- ❑ It applies to **all** nurse prescribers regardless of the area in which they prescribe
- ❑ Because it is an **outline framework**, to use it effectively, nurse prescribers and their managers will need to spend time considering **how the competencies apply to their own local or individual circumstances**
- ❑ It was developed (see Appendix 1 for details) using a **multidisciplinary** approach in order to draw on the experience of all professionals with expertise in prescribing
- ❑ It is a broad outline framework which will be **reviewed and refined** once nurse prescribers begin to use it in practice and supplementary prescribing is introduced and developed

1.3 Main audiences for this document

- ❑ Nurse prescribers
- ❑ Professionals and managers involved in supporting nurse prescribers
- ❑ Chief executives of primary care trusts (and any remaining primary care groups), NHS Trusts, health authorities (and subsequently strategic health authorities)
- ❑ Commissioners and providers of education and training
- ❑ Local professional groups such as nurse forums, prescribing advisers, local medical committees and local pharmaceutical committees
- ❑ Professional bodies



2 Nurse Prescribing

2.1 The story so far

The 1986 Cumberlege Report was the first official report to call for nurse prescribing. It recommended that community nurses should be able to prescribe from a limited list of items.

In 1989, a Department of Health (DH) advisory group chaired by Dr June Crown, considered the implications that nurse prescribing raised, and published the first Crown Report. This report recommended that suitably qualified registered nurses (defined as those with a district nurse or health visitor qualification) should be authorised to prescribe from a limited list, the Nurse Prescribers' Formulary (NPF).

Primary legislation permitting nurses to prescribe was passed in 1992, and in 1994 nurse prescribing began at eight demonstration sites (one in each NHS Region). Between 1994 and 1998 pilot sites were established, and in 1998 a national roll-out of nurse prescribing was announced. This programme of nurse prescribing, which was completed in Spring 2001, applied only to nurses with district nurse or health visitor qualifications working in:

- The community and employed by an NHS Trust or general practitioner (GP)
- Engaged in Personal Medical Services (PMS) pilot schemes
- Working in an NHS Walk-In Centre

In order to become independent nurse prescribers, health visitors and district nurses were required to complete a distance learning package and three day training course (at an approved higher education institute) assessed by written examination.

In 1999, another advisory group, again chaired by Dr June Crown, reviewed more widely the prescribing, supply and administration of medicines. It recommended (in the second Crown Report) that prescribing rights be extended to include other groups of nurses (and other health professionals).

In 2000, the NHS Plan endorsed this recommendation and envisaged that by 2004 a majority of nurses should be able to prescribe medicines (either independently or as supplementary prescribers) or supply medicines under Patient Group Directions (PGDs), previously known as Group Protocols.



In October 2000, proposals for how nurse prescribing might be extended in line with the NHS Plan were published for consultation. The outcome of this process, announced by the Government in May 2001, was that other groups of nurses (i.e. not just those with district nurse or health visitor qualifications) will be eligible to become nurse prescribers. Once trained, these nurse prescribers will be able to prescribe from a wider range of medicines than current nurse prescribers. These will include all General Sale List (GSL) and Pharmacy medicines². They will also include a list of Prescription Only Medicines (POMs) linked to specified medical conditions in four areas:

- Minor illness
- Minor injuries
- Health promotion and maintenance
- Palliative care

In addition, it was announced that the Government intends to take steps to allow 'supplementary prescribing' (which the Review of Prescribing referred to 'dependent prescribing') by nurses, allowing them to treat more complex conditions such as chronic diseases and mental illness, after initial assessment of the patient by a doctor. The necessary clauses to enable this were contained in the Health and Social Care Act, passed in May 2001.

2.2 Where next?

Existing nurse prescribers (district nurses and health visitors)

District nurses and health visitors who are already nurse prescribers will continue to prescribe from the current NPF, as will those undertaking nurse prescribing training as part of the district nursing and health visiting pathways of the community specialist practitioner programme.

² In NHS general medical services in primary care, nurse prescribers will be governed by the regulations set out in Schedules 10 and 11 of the NHS (General Medical Services) Regulations 1992.



New prescribers with extended prescribing responsibilities

Initial preparation for nurses to prescribe from the extended formulary, as detailed in Education Policy Letter 2001 / 01 / TL issued by the English National Board for Nursing, Midwifery and Health Visiting (ENB), will be in place by January 2002. The course, which will be run by Higher Education Institutions, will deliver a specific, academic level three programme comprising 25 taught days and 12 days of practice over a period of three months. Students will be assessed on theory and practice.

The selection of individuals for prescribing training will be made by employers on the basis of local NHS service need. Those selected nurses must be registered on Part 1, 3, 5, 8, 10, 11, 12, 13, 14 or 15 (see below) of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) Professional Register and have appropriate experience in the area of practice in which they will be prescribing.

Part 1	first level nurses trained in general nursing
Part 3	first level nurses trained in the nursing of persons suffering from mental illness
Part 5	first level nurses trained in the nursing of persons with learning disabilities
Part 8	nurses trained in the nursing of sick children
Part 10	midwives
Part 11	health visitors
Part 12	first level nurses trained in adult nursing (Project 2000)
Part 13	first level nurses trained in mental health nursing (Project 2000)
Part 14	first level nurses trained in learning disabilities nursing (Project 2000)
Part 15	first level nurses trained in children's nursing (Project 2000)



3 Competencies and their uses

3.1 What is a competency framework?

Competency is defined in different ways by different organisations, but there are two main ‘themes’ which repeatedly occur in definitions of competency. These are:

Task-based competencies: essentially descriptions of work tasks or job outputs which have their origins in national training schemes e.g. National Vocational Qualifications (NVQs). A task-based competency is often described as a competence.

Behavioural competencies: thought of as underlying characteristics of individuals which result in effective performance. They are described as a combination of knowledge, skills, motives and personal traits. Competency in this sense is generally best seen in the way that someone behaves.

This set of prescribing competencies for nurses has been developed using a **behavioural competency approach**. Behavioural competencies help individuals (and their managers) look at how they do their jobs and help answer the question:

‘how do I know I am carrying out my job or role effectively?’

A **competency framework** is a collection of competencies that are thought to be central to effective performance. The framework outlined in this document is a set of prescribing competencies which, if maintained, should help nurses to continually improve their prescribing practice.

3.2 What can competency frameworks be used for?

Competency frameworks can be used to support a range of different things. Typically, they are used to help with:

- Training and development
- Recruitment
- Performance review



We envisage that this framework will be used in the first instance to help with training and development activities (see below). However, as nurse prescribing develops, the framework also has the potential to be used as an aid to recruitment and as a tool to help in appraisal.

3.3 How can the framework help in training and development?

The outline framework describes the prescribing competencies that nurse prescribers need to maintain in order to be safe, effective prescribers. It can be used in the following ways:

- ❑ As a tool to facilitate CPD development on an individual level (see page 14 for some hints on using the framework for this purpose)
- ❑ To help managers and individual nurse prescribers identify gaps in their competency and, therefore, identify specific training and development needs
- ❑ To help identify, at organisational level, training and development needs that may be common to nurse prescribers in that organisation
- ❑ To inform the commissioning, development and provision of education and training for prescribing nurses



4 Introducing the outline framework

4.1 The structure of the framework

This framework is made up of the following components:

- The main **areas of competency**, which are:
 - The consultation
 - Prescribing effectively
 - Prescribing in context
- Each of these areas contain three different **competencies**. Using *The consultation* competency area as an example, the **competencies** in this area are:
 - *Clinical and pharmaceutical knowledge*
 - *Establishing options*
 - *Communicating with patients*
- Each of these competencies has:
 - an **overarching statement**, which gives an overall flavour of what the competency is about
 - a number of statements, known as **behavioural indicators**, which represent the specific behaviours you would expect to see if the competency is applied effectively

This basic structure is illustrated in Figure 1.

4.2 Some key features of the framework

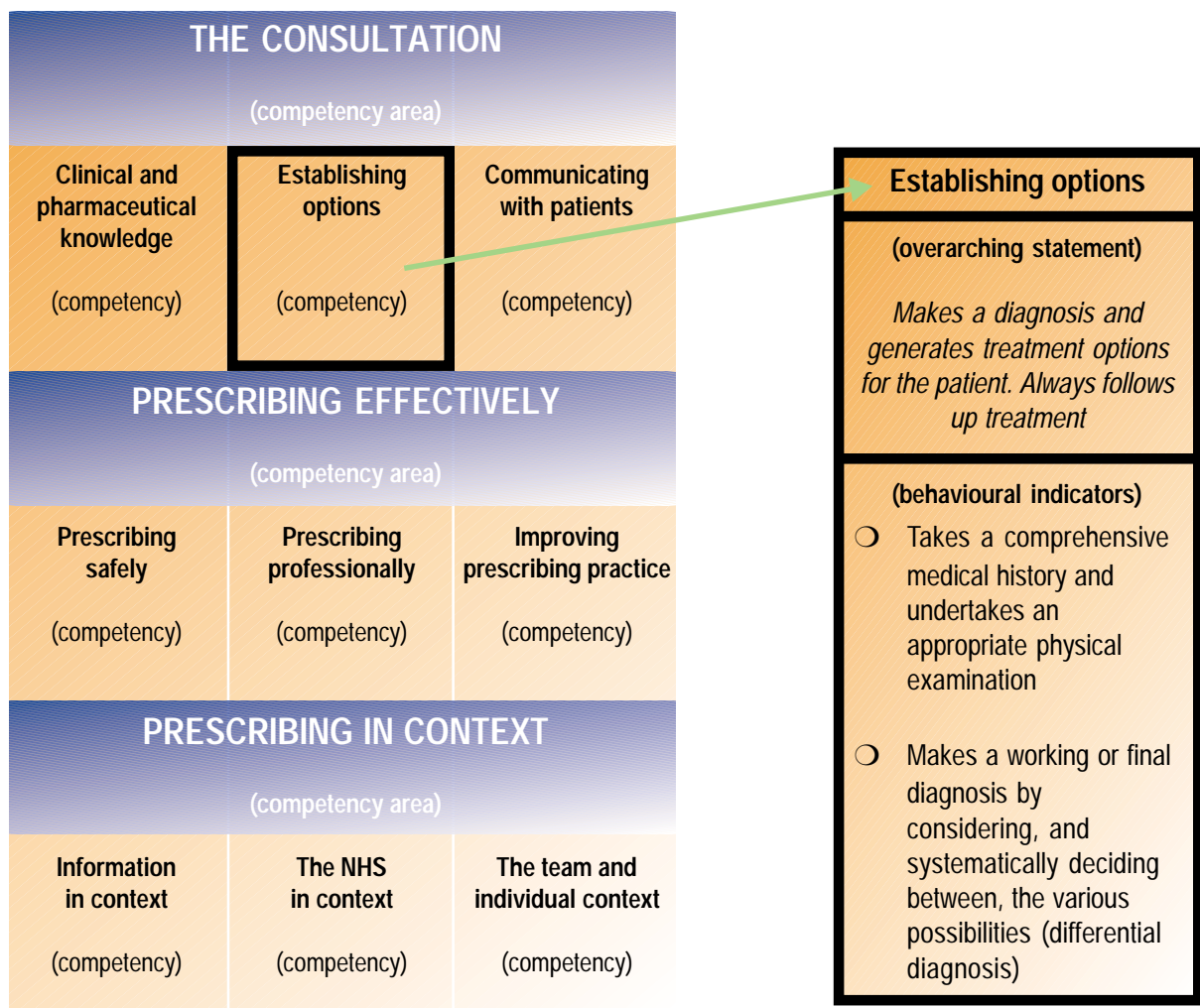
Before you start working with the framework please bear the following points in mind:

- It is an outline framework which **applies broadly to all nurse prescribers** regardless of the area in which they are practising
- The framework is designed to be used as **a starting point for discussion** about the competencies required by individual or groups of nurse prescribers
- Using this framework effectively **WILL TAKE TIME**. Users need to consider how each of the statements in the framework applies to each individual or group of nurse prescribers



- ❑ When considering the statements, be aware that some are more complex than others. **Expect to spend more time on some of the statements**
- ❑ The bullet pointed statements in each competency should be **read** one after another **DOWN** the list. **DO NOT** read statements across competency boxes

Figure 1: Basic structure of the competency framework





4.3 Hints for using the framework as an individual Continuing Professional Development tool

The framework provides an excellent tool to help individuals assess their own prescribing practice. 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 prescribing 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
- ❑ If it helps, you can download from the NPC website (www.npc.ppa.nhs.uk NHSNet or www.npc.co.uk internet) a version of the framework which can be customised to suit your needs, with space for making notes against each competency

4.4 The outline framework of prescribing competencies for nurses

The following three pages contain the outline prescribing competencies. Each page contains one competency area. If you are unclear about the format, please refer to the notes earlier in this section which explain the structure.



THE CONSULTATION		
CLINICAL AND PHARMACEUTICAL KNOWLEDGE	ESTABLISHING OPTIONS	COMMUNICATING WITH PATIENTS
<p>Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice.</p> <ul style="list-style-type: none"> ○ Understands the medical conditions being treated, their natural progress and how to assess the severity of disease ○ Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes and how to identify and assess them ○ 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 ○ Understands the potential for unwanted effects, e.g. adverse drug reactions (ADRs), drug interactions, special precautions and contraindications, and how to avoid/minimise them ○ Maintains an up-to-date knowledge of products in the NPF (e.g. doses, formulations, pack sizes) ○ Understands how medicines are licensed, monitored (e.g. ADR reporting) and supplied ○ Applies the principles of evidence-based medicine, and clinical and cost-effectiveness ○ Understands the public health issues related to medicines use ○ Appreciates the misuse potential of drugs 	<p>Makes a diagnosis and generates treatment options for the patient. Always follows up treatment.</p> <ul style="list-style-type: none"> ○ Takes a comprehensive medical history and undertakes an appropriate physical examination ○ Makes a working or final diagnosis by considering and systematically deciding between the various possibilities (differential diagnosis) ○ Requests and interprets relevant diagnostic tests ○ Views and assesses the patient's needs holistically (psychosocial, physical) ○ Considers non-drug and drug treatment options (including referral and preventative measures) ○ Assesses the effect of multiple pathologies, existing medication and contraindications on treatment options ○ Assesses the risks and benefits to the patient of taking/not taking a medicine (or using/not using a treatment) ○ Selects the most appropriate drug, dose and formulation for the individual patient ○ Monitors effectiveness of treatment and potential side effects ○ Establishes and maintains a plan for reviewing the therapeutic objective/endpoint of treatment ○ Manages repeat prescribing 	<p>Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance.</p> <ul style="list-style-type: none"> ○ Listens to and understands patients' beliefs and expectations ○ Understands the cultural, language and religious implications of prescribing ○ Deals sensitively with patients' emotions and concerns ○ Does not create a relationship based on prior expectation of a prescription ○ Helps patients to make informed choices about their treatment ○ Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, treatment options ○ Negotiates an outcome of the consultation that both patient and prescriber are satisfied with ○ Encourages patients (and carers) to take responsibility for their own health and self manage their conditions ○ Adapts consultation style to meet the needs of different patients (e.g. for age and ability) ○ Gives clear instructions to the patient about their medication (e.g. how to take it, where to get it from, possible side effects) ○ Checks patients' understanding of, and commitment to, their treatment
<p>This is an outline framework of prescribing competencies relevant to all nurse prescribers. The statements in this framework need to be interpreted in the context in which individual or groups of nurse prescribers are prescribing, taking into account their scope of practice.</p>		



PRESCRIBING EFFECTIVELY		
PRESCRIBING SAFELY	PRESCRIBING PROFESSIONALLY	IMPROVING PRESCRIBING PRACTICE
<p>Is aware of own limitations. Does not compromise patient safety.</p> <ul style="list-style-type: none"> ○ Knows the limits of own knowledge and skill, and works within them ○ Knows when to refer to, or seek guidance from, another member of the team or a specialist ○ Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, cautions, dose and side-effects ○ Checks doses and calculations to ensure accuracy and safety ○ Knows about common types of medication errors and how to prevent them ○ Prescribes often enough to maintain confidence and competence ○ Understands the need for, and makes, accurate, clear and timely records and clinical notes ○ Writes legible, clear and complete prescriptions, which meet legal requirements 	<p>Works within professional and organisational standards. Takes personal responsibility for prescribing decisions.</p> <ul style="list-style-type: none"> ○ Accepts personal responsibility for own prescribing and understands the legal implications of doing so ○ Makes prescribing decisions based on the needs of patients and not personal considerations ○ Understands how current legislation affects prescribing practice (e.g. Medicines and Mental Health Acts) ○ Prescribes within current professional codes of practice ○ Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing ○ Keeps prescription pads safely and knows what to do if they are stolen/lost 	<p>Actively participates in the review and development of prescribing practice.</p> <ul style="list-style-type: none"> ○ Reflects on own performance. Can learn and change prescribing practice ○ Willing to share and debate own, and others', prescribing practice ○ Challenges inappropriate practice constructively ○ Participates in clinical supervision and develops own support networks ○ Understands and uses tools to improve prescribing (e.g. review of PACT data) ○ Reviews and reports prescribing errors and near misses within a clinical governance context ○ Establishes professional links with practitioners working in the same specialist area

This is an **outline** framework of prescribing competencies relevant to all nurse prescribers. The statements in this framework need to be interpreted in the context in which individual or groups of nurse prescribers are prescribing, taking into account their scope of practice.



PRESCRIBING IN CONTEXT		
INFORMATION IN CONTEXT	THE NHS IN CONTEXT	THE TEAM AND INDIVIDUAL CONTEXT
<p>Knows how to access relevant information. Can critically appraise and apply information in practice.</p> <ul style="list-style-type: none"> <input type="radio"/> Understands the advantages and limitations of different information sources <input type="radio"/> Uses relevant, up-to-date information both written (paper/electronic) and verbal <input type="radio"/> Critically appraises the validity of information (e.g. promotional literature, research reports) when necessary <input type="radio"/> Applies information to the clinical context (linking theory to practice) <input type="radio"/> Uses relevant patient record systems, prescribing and information systems, and decision support tools, (e.g. PRODIGY) 	<p>Understands, and works with, local and national policies that impact on prescribing practice.</p> <ul style="list-style-type: none"> <input type="radio"/> Works within local frameworks for medicines use as appropriate (e.g. PGDs, formularies, protocols and guidelines) <input type="radio"/> Works within the NHS organisational code of conduct when dealing with the pharmaceutical industry <input type="radio"/> Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients <input type="radio"/> Understands national NHS frameworks for medicines use, e.g. National Institute for Clinical Excellence (NICE), National Service Frameworks (NSFs), medicines management, clinical governance, IT strategy) 	<p>Works in partnership with colleagues to benefit patients. Is self-aware and confident in own ability as a prescriber.</p> <ul style="list-style-type: none"> <input type="radio"/> Works with colleagues to ensure that continuity of care is not compromised <input type="radio"/> Uses the multidisciplinary team to its full extent in prescribing practice <input type="radio"/> Establishes relationships with colleagues based on understanding of, and respect for, each others' roles <input type="radio"/> Recognises and deals with pressures that result in inappropriate prescribing <input type="radio"/> Is adaptable, flexible and responsive to change <input type="radio"/> Negotiates the appropriate level of support for role as a nurse prescriber <input type="radio"/> Provides support and advice to other prescribers where appropriate
<p>This is an outline framework of prescribing competencies relevant to all nurse prescribers. The statements in this framework need to be interpreted in the context in which individual or groups of nurse prescribers are prescribing, taking into account their scope of practice.</p>		



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Glossary

ADR	Adverse Drug Reaction
CPD	Continuing Professional Development
DH	Department of Health
ENB	English National Board for Nursing, Midwifery and Health Visiting
GP	General Practitioner
GSL	General Sale List
NICE	National Institute for Clinical Excellence
NPC	National Prescribing Centre
NPF	Nurse Prescribers' Formulary
NSF	National Service Framework
NVQ	National Vocational Qualification
PACT	Prescribing Analysis CosT data
PGDs	Patient Group Directions
PMS	Personal Medical Services
POM	Prescription Only Medicine
PRODIGY	Prescribing RatiOnally with Decision support In General practice studY
UKCC	United Kingdom Central Council for Nursing, Midwifery and Health Visiting



Appendices

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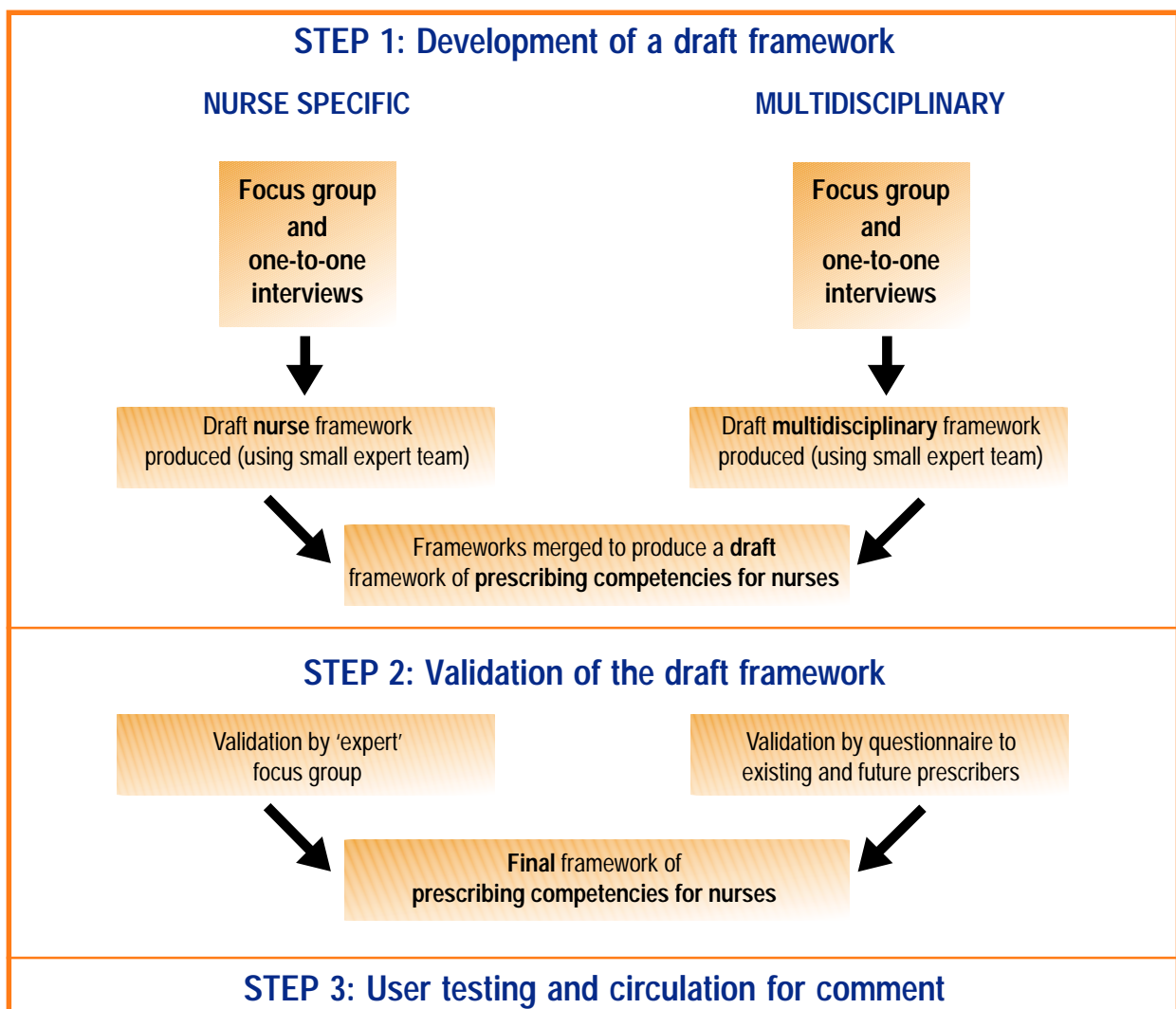
How the framework was produced

Before beginning development of this competency framework, desk research was undertaken to determine the appropriate methodology and to investigate competency frameworks currently in use.

The methodology

The steps used to develop this framework of prescribing competencies for nurses are described below and represented schematically in figure 2.

Figure 2: Schematic representation of how the prescribing competencies were developed





STEP 1: Development of a draft framework

The purpose of this framework is to outline the prescribing competencies that nurses should maintain in order to support good quality prescribing. Since nurse prescribing is a relatively new initiative, it was important to draw on expertise from all professional groups with experience of prescribing, whilst at the same time ensuring that the competencies reflected the specific needs of nurse prescribers.

As highlighted in Figure 2, a two pronged approach to developing the framework was used. In the early stages of development, two processes ran in parallel, one drawing on the expertise of existing and future nurse prescribers, the second drawing on the experience of a range of health professionals with expertise in prescribing (see Appendix 2). The process is described in detail below.

Developing the competencies - focus groups and interviews

In order to identify prescribing competencies, focus group attendees were asked to identify behaviours associated with effective prescribing and to produce 'behavioural statements' which reflected these. Each focus group generated 200 to 300 statements which were then grouped under broad competency headings.

One-to-one interviews were conducted with GPs, acute sector doctors, prescribing nurses and pharmacists. From these interviews more behavioural statements were generated, which were then fed into the development process.

Developing the framework

Two small 'expert' teams (made up from the project team and members of the focus groups) drafted two separate frameworks (one nurse specific, the other multidisciplinary) based on the output of the focus groups and the one-to-one interviews.

With the help of the project steering group, these two separate frameworks were then merged into a single draft framework of prescribing competencies for nurses.



STEP 2: Validation of the draft framework

Once drafted, the prescribing competencies were tested for validity in two ways:

- A focus group tested the framework against their own experience to ensure that nothing had been missed and that the framework was clear and ‘made sense’
- The competencies were circulated to existing and potential prescribers and experts who were asked to rate how important they were to effective prescribing practice

As a result, the framework was validated and refined.

STEP 3: User testing and circulation for comment

The document was ‘user tested’ by existing and potential nurse prescribers to ensure that the presentation of the framework was as clear as possible and to ensure that it could be used practically by nurse prescribers.

The document (in draft) was also circulated widely for comment to over 40 individuals/ organisations. Those commenting were, or represented, district nurses, health visitors, midwives, acute sector nurses, GPs, acute sector doctors, community pharmacists, hospital pharmacists, primary care and community trust pharmacists, professional bodies, academics and DH representatives. Comments received were used to further refine the content and presentation of this document.



Acknowledgements

Steering Group Members

Alison Ewing	Director of Pharmacy, Countess of Chester NHS Trust
Monica Haggart	Pathway Leader, School of Nursing, Midwifery & Health Visiting, University of Manchester
Clive Jackson (Chair)	Director, National Prescribing Centre
Susie Jollie	Nurse Practitioner, South and West Bradford Primary Care Group
Mark Jones	RCN Primary Care Policy & Practice Adviser, Royal College of Nursing
John Leung	Education Officer, English National Board
David Phizackerley	Pharmaceutical Adviser, West Sussex Health Authority
Dave Roberts	Unit Manager, Prescribing Support Unit, NHS Executive
Vanda Squire	Locality Co-ordinator, Somerset Coast Primary Care Trust
Ross Taylor	GP Principal, Westburn Medical Group and Senior Lecturer, University of Aberdeen
Denys Wells	General Practitioner, Northgate Practice, Walsall

Focus Group Members (nurse and multidisciplinary)

Maggie Banning	Senior Lecturer in Science, South Bank University
Mike Beaman	Pharmaceutical Adviser, Barnet, Enfield & Haringey Health Authority
Marian Bradley	Practice Pharmacist, Walsall East Primary Care Group
Shona Brown	Project Manager Endoscopy Services, National Patient Access Team
Steve Chapman	Professor of Prescribing Studies, Department of Medicines Management, Keele University
Kate Cernik	Nurse Clinician, Appleton Primary Care, Warrington
Lisa Coghill	Lead Nurse, Soho NHS Walk-In Centre, London
Michele Cossey	Pharmaceutical Adviser, North Yorkshire Health Authority
David Cousins	Chief Pharmacist, South Derbyshire Acute Hospital Trust
Nicky Cullum	Director, Centre for Evidence Based Nursing



Noreen Cushen	Nurse Consultant – Oncology, Princess Alexandra Hospital NHS Trust, Brighton
Deborah Dawson	Lead Nurse Intensive Care Unit, St. George’s Hospital, London
Julian Flowers	Consultant in Public Health Medicine, Eastern Region Public Health Observatory
Janis Garbett	District Nurse, Beechdale Health Centre, Walsall
Leslie Anne Guest	PCT Nurse Prescribing Lead, Stoke Primary Care Trust
Teresa Kearney	Nurse Practitioner Acorns Nurse Led PMS Pilot, Grays Health Centre, Essex
Ross Mitchell	Chief Pharmacist, West Hampshire Trust
Wayne Neal	Primary Care Development Manager, Oldham NHS Trust
Carolyn Noble	Parkinsons Disease Specialist Nurse, South Peterborough Primary Care Trust
Chris Otway	Lecturer Practitioner Nurse Prescribing, De Montfort University and Leicestershire and Rutland NHS Trust
Trisha Owen	Regional Nurse Prescribing Lead, Trent Regional Office, Department of Health
Gillian Ross	Practice Nurse, Ryhope Health Centre, Sunderland
Martin Parkinson	Pharmaceutical Adviser, Dudley Health Authority
Vicky Pleydell	General Practitioner, Halewood Medical Practice, North Yorkshire
Rob Queenborough	Medical Director, Wigan & Bolton Health Authority
Sarina Saiger	Senior Nurse - Practice Development, Royal Bolton Hospital
David Sleator	Head of Clinical Development, West Surrey Health Authority
John Stanley	Chief Executive, Essex Local Pharmaceutical Committee
Barbara Stuttle	Regional Nurse Prescribing Lead, London and South East Regional Offices, Department of Health
Beth Taylor	Regional Principal Pharmacist Community Services, Community Health South London NHS Trust
Liz Wheatley	Health Visitor, Somerset Coast Primary Care Trust
Edwina Wooler	Paediatric Respiratory Nurse Specialist, Royal Alexandra Hospital, Brighton



Interviewees

Nick Barber	Head of Pharmacy Practice, London School of Pharmacy
Helen Barker	District Nurse, North Bradford Primary Care Trust
Carol Holmes	District Nurse, South West Bradford Primary Care Trust
Brian Karet	General Practitioner, Leylands Medical Centre, Bradford
James Kennedy	Medical Director, Hillingdon Primary Care Trust
Helena Leyden	District Nurse, Egerton & Dunscar Health Centre, Bolton Community Trust
Mike Pringle	Chairman of Council, Royal College of General Practitioners
Phillip Reilly	Professor of General Practice, Queens University, Belfast
Velma Sewell	District Nurse, Walsall Community Health Trust
Tom Walley	Professor of Clinical Pharmacology, Department of Pharmacology and Therapeutics, University of Liverpool

Questionnaire respondents

As part of the validation phase of this project, a confidential questionnaire was sent to existing prescribers asking them to rank the importance of the draft competencies to their prescribing practice. We would like to thank all the individuals who responded, they comprised 15 doctors and 12 nurse prescribers (or potential nurse prescribers).

User-testing Group Members

Margaret Abbott	Senior Lecturer, Department of Public Health and Primary Care, St Martins College, Lancaster
Abigail Eaves	Clinical Development Facilitator, Leeds Community and Mental Health Services Trust
Rose Onyema	Health Visitor, Riverside Community Health Trust, London
Mary Ring	Practice Educator for Nurse Prescribing, Coventry and Warwickshire Hospital
Beverly Webster-Walsh	Parkinsons Disease Nurse Specialist, Royal Liverpool University Hospital, Liverpool



DH Working Group Members (educational training and preparation for nurse prescribing)

Helen Allanson	Regional Pharmaceutical Adviser, North West Regional Office
Peter Clappison	Senior Medical Officer, Department of Health
Rosemary Cook	Nursing Officer – Practice and Research, Department of Health
Deborah Dawson	Lead Nurse Intensive Care Unit, St. George’s Hospital, London
Mike Garley	Department of Health
Trudy Granby	Nurse Prescribing Project Manager, National Prescribing Centre
Monica Haggart	Pathway Leader, University of Manchester, School of Nursing, Midwifery & Health Visiting
Clive Jackson	Director, National Prescribing Centre
Tom Langlands	Director of Primary Healthcare Nursing, English National Board
John Leung	Education Officer, English National Board
Joan Lole	Development Director (Nurse Education), West Midlands South Workforce Development Confederation
Dinesh Mehta	Executive Editor - BNF, Royal Pharmaceutical Society of Great Britain
Nigel Oswald	Professor in Primary Care, University of Teeside and University of Newcastle
Paul Robinson (Chair)	Section Head - Nurse Prescribing, Department of Health
Barbara Stuttle	Regional Nurse Prescribing Lead, London and South East Regional Offices, Department of Health
Maureen Williams	Professional Officer, Community Nursing & Health Visiting United Kingdom Central Council for Nursing Midwifery and Health Visiting

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The Infirmary, 70 Pembroke Place
LIVERPOOL L69 3GF

Tel: 0151 794 8391
Fax: 0151 794 8139 / 8144