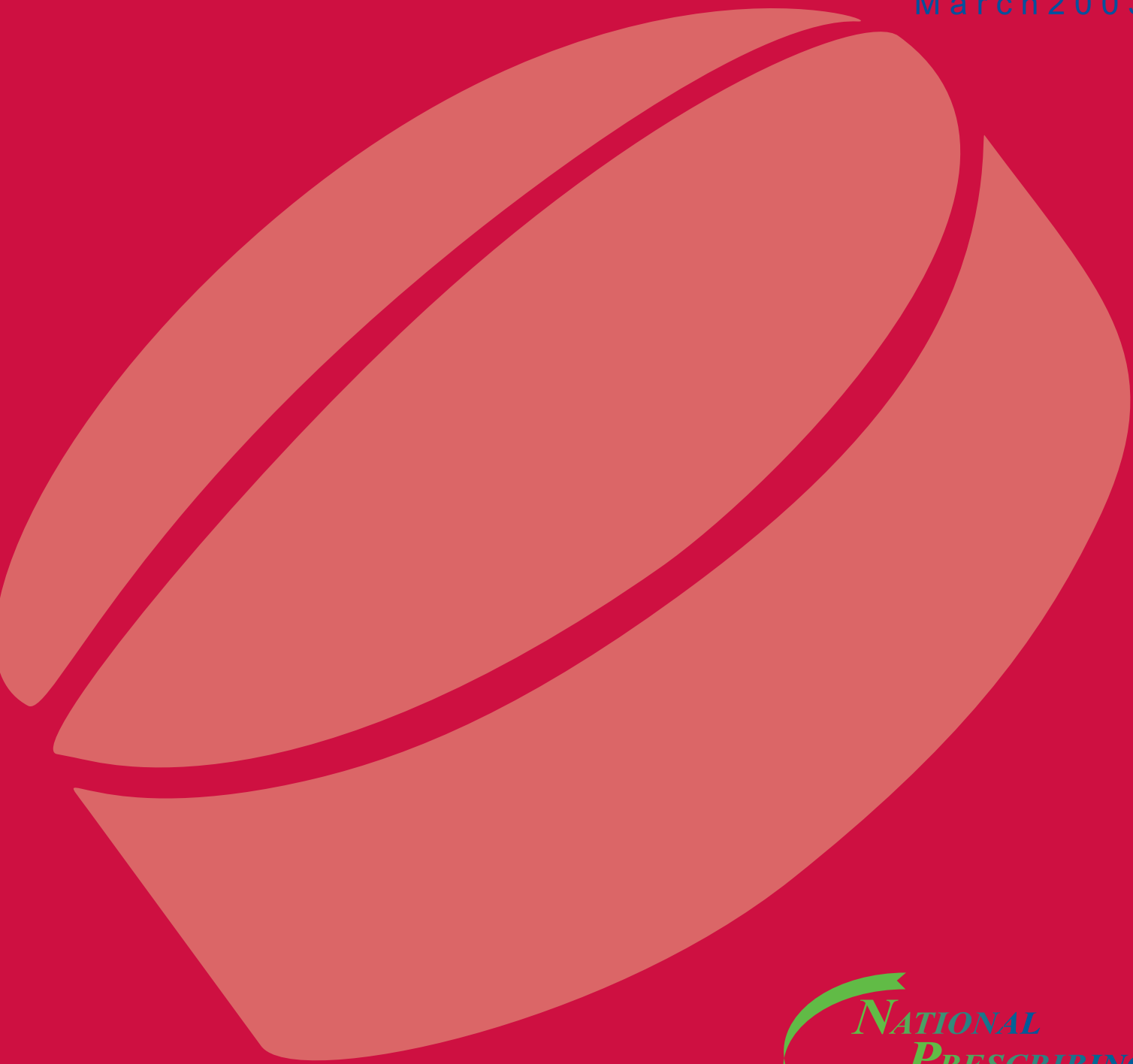


Maintaining Competency in Prescribing

An outline framework to help
pharmacist supplementary prescribers

First Edition
March 2003



*NATIONAL
PRESCRIBING
CENTRE*

NHS

About this document

The organisation involved

The National Prescribing Centre (NPC) worked in association with the following organisations / groups in the development of this document:

- Department of Health (DH)
- Royal Pharmaceutical Society of Great Britain's Pharmacist Prescribing Task Group

National Prescribing Centre

The NPC is an NHS organisation, formed in April 1996 by the DH, following a review of centrally funded support for prescribing and medicine use. Its aim is:

'To promote high quality, cost-effective prescribing and medicines management, in the wider context of evidence-based practice, through a co-ordinated and targeted programme of activities supporting relevant NHS professionals and senior managers'.

The NPC's objective is to develop and deliver a co-ordinated programme of activities, 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 training
- Dissemination of good practice

Work in these three areas is supported and reinforced by additional umbrella activities in the broader developmental areas of:

- Information technology
- 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 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.ppa.nhs.uk (NHSNet).

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Foreword

The announcement by Lord Hunt last November of the Government's plans to implement supplementary prescribing in 2003 was truly groundbreaking. This development was foreshadowed in September 2000 in *Pharmacy in the Future*, and it will have taken less than three years from the launch of the pharmacy programme for prescribing by pharmacists to become a reality.

This has taken much careful planning and work by many people in the Department of Health, Medicines Control Agency, Royal Pharmaceutical Society of Great Britain and the National Prescribing Centre. Primary legislation was taken in 2001 to provide the necessary legal framework. Formal public consultation took place last summer. An outline curriculum for training was developed. The Medicines Commission and Committee on Safety of Medicines considered carefully the implications of supplementary prescribing and advised Ministers. Detailed regulations to govern the practice of supplementary prescribing were drafted and laid before Parliament and a guidance document to support implementation was developed.

Pharmacists have long asked why they have not been able to prescribe and thereby make an enhanced contribution to patient care, despite their extensive knowledge of pharmacology and therapeutics. Now, suitably accredited pharmacists will be empowered to prescribe within an agreed clinical management plan. But supplementary prescribing is an entirely new concept, based on a voluntary partnership between an independent and a supplementary prescriber, with the patient's agreement. The aim is to improve patient experience. Patient safety and quality of care are therefore central to this process.

That is why I am delighted to be able to support this timely and valuable competency framework, which is an important element in the infrastructure underpinning supplementary prescribing. Supplementary prescribing will be broad in its scope, with few legal or professional restrictions on conditions or medicines, provided the regulations and guidance are followed.

It will be the professional responsibility of pharmacists to prescribe safely, effectively and within their knowledge and competence. The competency framework will help them to do just that. The framework was developed and tested by practising pharmacists and prescribers. I have no doubt that it will prove to be a valuable tool in helping pharmacists with their professional development as prescribers. I commend it to you.

Dr Jim Smith
Chief Pharmaceutical Officer
Department of Health, England





Contents

Foreword	1
1 Introduction	5
1.1 Purpose of this document	5
1.2 Key facts about the outline framework	6
1.3 Main audiences for this document	6
2 Supplementary prescribing by pharmacists	7
2.1 The story so far	7
2.2 Overview of supplementary prescribing	7
3 Competencies and their uses	9
3.1 What is a competency framework?	9
3.2 What can competency frameworks be used for?	9
3.3 How can the framework help in training and development?	10
4 Introducing the outline framework	11
4.1 The structure of the framework	11
4.2 Some key features of the framework	11
4.3 Hints for using the framework as an individual CPD tool	13
4.4 The outline framework of supplementary prescribing competencies for pharmacists	13
Bibliography	17
Glossary	19
Appendix 1: How the framework was produced	21
Appendix 2: Acknowledgements	26





1 Introduction

1.1 Purpose of this document

The NHS plan: A plan for investment, A plan for reform, July 2000 emphasised the need to organise and deliver services around the needs of patients. In order to achieve this, traditional demarcations between clinical roles will be broken down and clinical professionals will work more flexibly for the benefit of patients.

Pharmacy in the future — Implementing the NHS Plan, September 2000 provided a clear vision of pharmacy's contribution to achieving the aims of the NHS Plan, which included enabling pharmacists to prescribe. On 21st November 2002, Health Minister Lord Hunt announced that from spring 2003, pharmacists will have the opportunity to train and practise as supplementary prescribers.

Clearly, all prescribers will need relevant expertise and require 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 pharmacist supplementary prescribers should acquire during initial training and then maintain in order to be safe, effective prescribers. This outline framework is best used to:

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



1.2 Key facts about the outline framework

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

- The framework is designed for pharmacists who have undertaken the training necessary to obtain supplementary prescriber status and are therefore ‘qualified’ **supplementary prescribers**
- It is a broad outline framework, so it applies to all pharmacist supplementary prescribers, regardless of their area of practice
- Because it is an **outline framework**, to use it effectively pharmacists and their managers will need to spend time considering **how the competencies apply to their own local or individual circumstances**
- It was developed using a **multidisciplinary** approach (see appendix 1 for details) in order to draw on the experience of all professionals with expertise in prescribing
- It may be **reviewed and refined** once pharmacist supplementary prescribers have used it in practice

1.3 Main audiences for this document

Will include:

- Pharmacist supplementary prescribers
- Senior professionals and managers involved in supporting pharmacist supplementary prescribing
- Chief executives of primary care trusts (PCTs), NHS trusts and strategic health authorities
- Workforce development confederations and providers of education and training
- Local professional groups (such as local pharmaceutical committees, local medical committees, pharmacy development groups, prescribing committees, professional executive committees and pharmaceutical advisers)
- Professional bodies



2 Supplementary prescribing by pharmacists

2.1 The story so far

In 1999 following the successful piloting of prescribing by district nurses and health visitors, an advisory group, chaired by Dr June Crown, reviewed the prescribing, supply and administration of medicines. This advisory group recommended (in the *Review of Prescribing, Supply and Administration of Medicines 1999*) that prescribing responsibilities be extended to include professional groups other than doctors, dentists, district nurses and health visitors. This report also suggested that, following diagnosis, responsibility for the clinical management of some patients, including prescribing, could be passed to another health professional — now referred to as the supplementary prescriber. The necessary legal framework to enable this was subsequently included in the *Health and Social Care Act 2001*.

Proposals to introduce supplementary prescribing by nurses and pharmacists were announced by Health Minister Lord Hunt in April 2002. At the same time the Department of Health (DH) and the Medicines Control Agency (MCA) undertook a joint formal consultation on the proposals, which were detailed in the *Proposals for Supplementary Prescribing by Nurses and Pharmacists and Proposed Amendments to the Prescription Only Medicines Order (MLX 284)*.

On 21st November 2002, a further announcement by Lord Hunt confirmed the decision to grant pharmacists supplementary prescribing responsibilities and it is expected that up to 1,000 pharmacists will become supplementary prescribers by the end of 2004.

2.2 Overview of supplementary prescribing

The fundamental aim of supplementary prescribing is to provide better and quicker patient care by fully utilising the skills of pharmacists and nurses whilst, at the same time, safeguarding patient safety.



Supplementary prescribing (referred to in the *Review of Prescribing, Supply and Administration of Medicines 1999* as ‘dependent’ prescribing) hinges on the formation of a voluntary partnership between an independent prescriber (i.e. a doctor or dentist) and a supplementary prescriber (i.e. a pharmacist or nurse). In certain circumstances, once a diagnosis has been reached, and with the patient’s agreement, an individual evidence-based Clinical Management Plan will be drawn up and agreed by all parties.

From this point, the future management of the identified condition, within the parameters of the Clinical Management Plan, will be delegated, with the patients agreement, to the supplementary prescriber. In order to ensure continuity of care, access and equity, it will also be possible to have a team of independent and supplementary prescribers involved in managing the treatment of individual patients. In these circumstances a ‘lead’ independent prescriber should be nominated.

Although the range of conditions to be managed by a prescribing partnership is not restricted, individual prescribers must ensure that their intervention is evidence-based and within their level of clinical expertise and competence.

Individual prescribers will be responsible and accountable for their own prescribing decisions. It is expected that, **as a minimum**, all patients will normally be reviewed by the independent prescriber within 12 months of the Clinical Management Plan being developed. The prescribers and the patient must agree changes to an existing Clinical Management Plan, before they can be implemented. Good communication channels and robust systems for record keeping are essential and all prescribers should have easy access to the patient’s medical records.

Suggested templates for simple Clinical Management Plans, which a multidisciplinary group produced to facilitate the development process, are available on the DH Website (www.doh.gov.uk/supplementaryprescribing).



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’ (or types) which repeatedly occur in definitions of competency. These are:

Task-based competencies: these are 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: these are 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.

The supplementary prescribing competencies for pharmacists have been developed using a **behavioural competency approach**. Behavioural competencies assist individuals (and their managers) in looking 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 which are thought to be central to effective performance. The framework outlined in this document is a set of supplementary prescribing competencies which, if developed and maintained, should help pharmacists 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 pharmacist supplementary 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?

This outline framework describes the supplementary prescribing competencies pharmacists need to develop in order to be safe, effective prescribers and can be used in the following ways:

- To help providers of initial training programmes to identify learning outcomes
- As a tool to facilitate CPD of qualified supplementary pharmacists prescribers
- To help managers and individual pharmacist supplementary prescribers identify gaps in their competency and therefore specific training and development needs
- To help identify at organisational and broader geographical levels, training and development needs which may be common to pharmacist supplementary prescribers
- To inform the commissioning, development and provision of education and training for pharmacist supplementary prescribers



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**. For example, the competencies for *The consultation* are:
 - *Clinical and pharmaceutical knowledge*
 - *Establishing options*
 - *Communicating with patients*
- ❑ Each of these competencies has:
 - An **overarching statement**, which gives a general 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, page 12.

4.2 Some key features of the framework

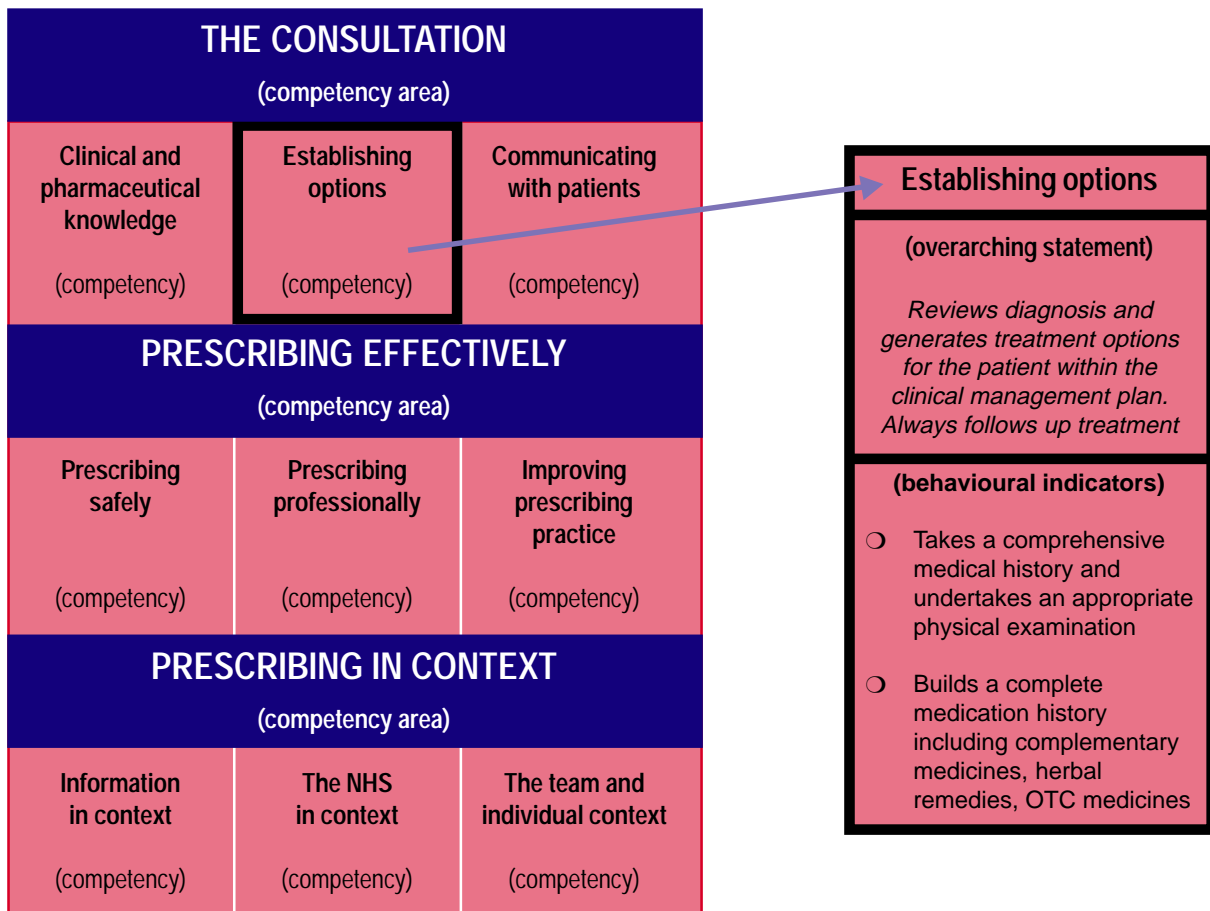
Before you start working with the framework please bear the following points in mind:

- ❑ It is an outline framework which applies broadly to **all** pharmacist supplementary 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 pharmacists or groups of pharmacists
- ❑ 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 pharmacists



- ❑ When considering the behavioural indicators, be aware that some are more complex than others. Expect to spend more time on the more complex ones
- ❑ 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 CPD tool

The framework provides an invaluable tool to help individuals assess their own prescribing practice. Here are some hints from nurse prescribers who have already used a similar framework.

- ❑ Think of the framework as a way of guiding how you reflect on 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 National Prescribing Centre (NPC) website (www.npc.ppa.nhs.uk NHSNet or www.npc.co.uk Internet) a file 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 supplementary prescribing competencies for pharmacists

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"> <input type="radio"/> Understands the medical conditions being treated, their natural progress and how to assess the severity of disease <input type="radio"/> Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes and how to identify and assess them <input type="radio"/> 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 <input type="radio"/> Understands the potential for unwanted effects, (e.g. adverse drug reactions [ADRs], drug interactions, special precautions and contraindications), and how to avoid/minimise and manage them <input type="radio"/> Maintains an up-to-date knowledge of products in the British National Formulary (BNF) and drug tariff (e.g. doses, formulations, pack sizes) <input type="radio"/> Appreciates the misuse potential of drugs <input type="radio"/> Applies the principles of evidence-based medicine, and clinical and cost-effectiveness <input type="radio"/> Understands how medicines are licensed, monitored (e.g. how ADRs are reported) and supplied <input type="radio"/> Understands the public health issues related to medicines use <p>This is an outline framework of prescribing competencies relevant to all pharmacist supplementary prescribers. The statements in this framework should be interpreted in the context in which individual or groups of pharmacist supplementary prescribers are prescribing, taking into account their scope of practice.</p>	<p>Reviews diagnosis and generates treatment options for the patient within the clinical management plan. Always follows up treatment.</p> <ul style="list-style-type: none"> <input type="radio"/> Takes a comprehensive medical history and undertakes an appropriate physical examination <input type="radio"/> Builds a complete medication history including complementary medicines, herbal remedies, OTC medicines <input type="radio"/> Reviews the working or final diagnosis by systematically deciding between the various possibilities (differential diagnosis) <input type="radio"/> Requests, and interprets, relevant diagnostic tests <input type="radio"/> Views and assesses the patient's needs holistically (e.g. psychosocial, physical) <input type="radio"/> Considers no treatment, non-drug and drug treatment options (including referral and preventive measures) <input type="radio"/> Assesses the relationship between multiple pathologies, existing medication and contraindications of treatment options <input type="radio"/> Assesses the risks and benefits to the patient of taking/not taking a medicine (or using/not using a treatment) <input type="radio"/> Selects the most appropriate drug, dose and formulation for the individual patient <input type="radio"/> Makes changes within the clinical management plan in light of ongoing monitoring and patient's condition <input type="radio"/> Establishes and maintains a plan for reviewing the therapeutic objective and end of treatment <input type="radio"/> Considers repeat prescribing options 	<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"> <input type="radio"/> Approaches the consultation in a structured way <input type="radio"/> Listens to and understands patients' beliefs and expectations <input type="radio"/> Understands the cultural, linguistic and religious implications of prescribing <input type="radio"/> Adapts the consultation to meet the needs of different patients (e.g. for age, level of understanding) <input type="radio"/> Deals sensitively with patients' emotions and concerns <input type="radio"/> Creates a relationship which does not encourage the expectation that a prescription will be written <input type="radio"/> Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, treatment options <input type="radio"/> Helps patients to make informed choices about their treatment <input type="radio"/> Negotiates an outcome of the consultation that both patient and prescriber are satisfied with <input type="radio"/> Encourages patients to take responsibility for their own health and self manage their conditions: involves carers and advocates where appropriate <input type="radio"/> Gives clear instructions to the patient about their medication (e.g. what it is for, how to take it, where to get it from, possible side effects) <input type="radio"/> Checks the patients' understanding of, and commitment to, their treatment



PRESCRIBING EFFECTIVELY		
PRESCRIBING SAFELY	PRESCRIBING PROFESSIONALLY	IMPROVING PRESCRIBING PRACTICE
<p>Is aware of own limitations. Does not compromise patient safety, justifies prescribing decisions.</p> <ul style="list-style-type: none"> <input type="radio"/> Knows the limits of own knowledge and skill, and works within them <input type="radio"/> Knows when and how to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist <input type="radio"/> Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects <input type="radio"/> Checks doses and calculations to ensure accuracy and safety <input type="radio"/> Knows about common types of medication errors and how to prevent them <input type="radio"/> Understands the need for and makes accurate, clear and timely records in shared patient notes <input type="radio"/> Writes legible, clear and complete prescriptions, which meet legal requirements 	<p>Works within professional and organisational standards.</p> <ul style="list-style-type: none"> <input type="radio"/> Understands the scope of own prescribing responsibility in the context of a shared clinical management plan <input type="radio"/> Accepts personal responsibility for own prescribing and understands the legal implications of doing so <input type="radio"/> Ensures that the patient has consented to be managed by a prescribing partnership <input type="radio"/> Prioritises and manages case loads effectively <input type="radio"/> Uses professional judgement to make prescribing decisions, based on the needs of patients and not personal considerations <input type="radio"/> Understands how current legislation affects prescribing practice <input type="radio"/> Prescribes within current professional codes of practice <input type="radio"/> Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing <input type="radio"/> Keeps prescription pads safely and knows what to do if they are stolen/lost <input type="radio"/> Maintains patient confidentiality <input type="radio"/> Interacts with the patient in an appropriate setting 	<p>Actively participates in the review and development of prescribing practice to improve patient care.</p> <ul style="list-style-type: none"> <input type="radio"/> Takes responsibility for own CPD <input type="radio"/> Reflects on own performance, learns (e.g. from critical incident monitoring) and changes prescribing practice <input type="radio"/> Willing to share and debate own and others prescribing practice <input type="radio"/> Challenges inappropriate practice constructively <input type="radio"/> Develops own networks for support, reflection and learning <input type="radio"/> Understands and uses tools to improve prescribing (e.g. audit, review of PACT data) <input type="radio"/> Reports prescribing errors and near misses <input type="radio"/> Establishes professional links with practitioners working in the same specialist area
<p>This is an outline framework of prescribing competencies relevant to all pharmacist supplementary prescribers. The statements in this framework should be interpreted in the context in which individual or groups of pharmacist supplementary prescribers are prescribing, taking into account their scope of practice.</p>		



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"/> Accesses and 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, clinical trials) <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) <input type="radio"/> Regularly reviews evidence behind therapeutic strategies 	<p>Understands, and works with, local and national policies and services that impact on prescribing practice. Sees how own practice impacts on the wider NHS.</p> <ul style="list-style-type: none"> <input type="radio"/> Understands the principles behind supplementary prescribing and how they are applied in practice <input type="radio"/> Understands the purpose, contents and limits of individual patient clinical management plans <input type="radio"/> Knows how local health service organisations work and interact <input type="radio"/> Works within local frameworks for medicines use, as appropriate (e.g. formularies, and guidelines; local delivery plans) <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 <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 for the benefit of patients. Is self-aware and confident in own ability as a prescriber.</p> <ul style="list-style-type: none"> <input type="radio"/> Proactively negotiates with the independent prescriber to develop clinical management plans <input type="radio"/> Relates to the independent prescriber as an equal partner <input type="radio"/> Maintains the integrity of the prescribing partnership <input type="radio"/> Thinks and acts as part of a multidisciplinary team <input type="radio"/> Establishes working relationships with colleagues to ensure that continuity of care is not compromised <input type="radio"/> Listens to and respects the views of colleagues <input type="radio"/> Establishes credibility with colleagues <input type="radio"/> Recognises and deals with pressures that might result in inappropriate prescribing (e.g. pharmaceutical industry, patients and colleagues) <input type="radio"/> Is adaptable, flexible and responsive to change <input type="radio"/> Negotiates the appropriate level of support for role as a pharmacist prescriber <input type="radio"/> Provides support and advice to other team members, where appropriate
<p>This is an outcome framework of prescribing competencies relevant to all pharmacist supplementary prescribers. The statements in this framework should be interpreted in the context in which individual or groups of pharmacist supplementary prescribers are prescribing, taking into account their scope of practice.</p>		



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Glossary

ADR	Adverse drug reaction
BNF	British National Formulary
CPD	Continuing professional development
DH	Department of Health
MCA	Medicines Control Agency
NICE	National Institute for Clinical Excellence
NPC	National Prescribing Centre
NSF	National Service Framework
NVQ	National Vocational Qualification
OTC	Over-the-counter medicines
PACT	Prescribing Analysis CosT data from the PPA
PCT	Primary care trust
PPA	Prescription Pricing Authority
PRODIGY	Prescribing RatiOnally with Decision support In General practice study



Appendices

Appendix 1: How the framework was produced	21
Appendix 2: Acknowledgements	26



How the framework was produced

The purpose of this framework is to outline the supplementary prescribing competencies that pharmacists should acquire and maintain in order to support good quality prescribing. Since supplementary prescribing is a new initiative it was important, when writing the framework, to draw on expertise from all professional groups with experience of prescribing and to ensure that those involved in the development process had a good understanding of the potential scope of supplementary prescribing. At the same time, the competencies contained in the framework had to reflect the specific needs of supplementary prescribing pharmacists.

The production of a framework of competencies for supplementary prescribing built on earlier work carried out by the NPC which identified the competencies needed by independent nurse prescribers — *Maintaining Competency in Prescribing. An outline framework to help nurse prescribers, November 2001.*

The framework of competencies for pharmacist supplementary prescribers was developed using the same broad methodology. This meant that some of the multidisciplinary work carried out during the development of the framework of competencies for independent nurse prescribers could be effectively re-utilised, thus avoiding unnecessary duplication of effort and resources.

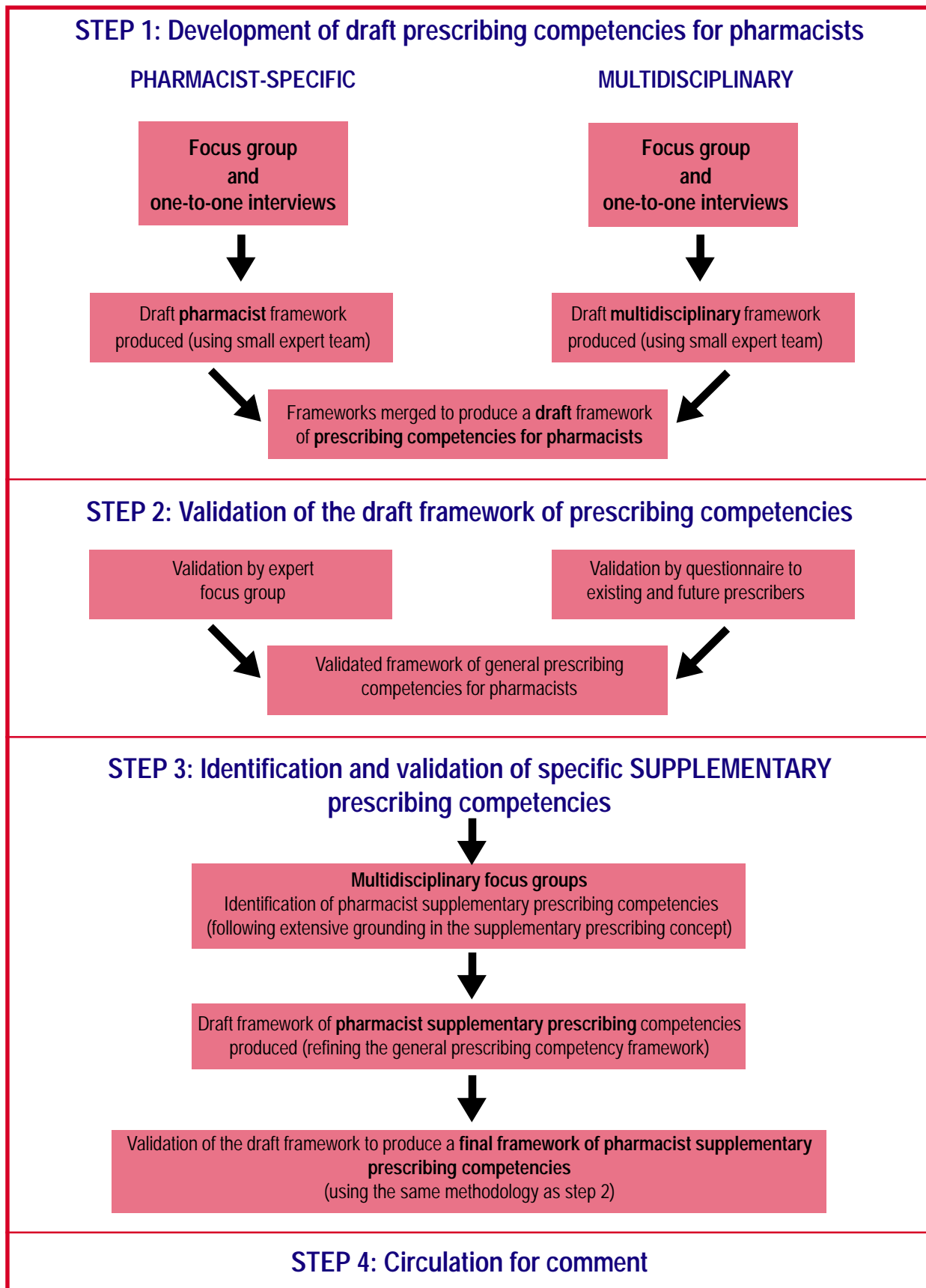
The methodology

The steps used to develop this framework of competencies for pharmacist supplementary prescribers are described overleaf and are represented schematically in figure 2, page 22.

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



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





STEP 1: Development of a draft framework of general prescribing competencies

A two-pronged approach was taken in the early stages of development. Initially, two processes ran in parallel, one drawing on the expertise of pharmacists, the second, which re-utilised existing work, 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 the prescribing competencies, the pharmacist and the multidisciplinary focus groups identified behaviours associated with effective prescribing (in its broadest sense) and produced behavioural statements which reflected these. Each group generated 200 - 300 statements which were then grouped into broad competency headings.

One-to-one interviews were conducted with general practitioners, 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 selected members of the focus groups) drafted two separate frameworks (one pharmacist-specific the other multidisciplinary) based on the output of the focus groups and the one-to-one interviews.

These two separate frameworks were then merged into a single draft framework of general prescribing competencies for pharmacists.

STEP 2: Validating the framework

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

- ❑ A focus group tested the framework against their own experience and understanding of the proposed scope of extended prescribing to ensure that nothing had been missed, that the framework was clear and also made sense



- The competencies were circulated to existing independent prescribers, potential supplementary prescribers and experts, who were asked to rate how important the competencies were to effective prescribing practice

As a result, the framework was validated and refined.

STEP 3: Identification of specific supplementary prescribing competencies

The next step was to identify the competencies specifically relevant to pharmacist supplementary prescribing. This was done by utilising the experience of pharmacists and other professionals with expertise in prescribing and a knowledge of the supplementary prescribing concept.

In order to ensure a broad understanding of the realities of being a supplementary prescriber, individuals received a detailed briefing on the proposals for supplementary prescribing and had the opportunity to consider work-based scenarios. Once the theoretical and practical issues were understood, individuals were asked to identify the behaviours associated with supplementary prescribing and to produce behavioural statements which reflected these.

These behavioural statements were tested against the draft framework of general pharmacist prescribing competencies. The framework was then refined by adding specific supplementary prescribing competencies or removing general prescribing competencies not relevant to pharmacist supplementary prescribers.

This framework was then validated using the same principles and methods outlined in step 2 and a draft framework of pharmacist supplementary prescribing competencies produced.



STEP 4: User testing and circulation for comment

The NPC has published a number of competency frameworks for different groups of NHS professionals and has considerable expertise in the presentation of these documents. Members of the project team have significant experience in developing, presenting and training individuals to use competency frameworks. All this experience has been fully utilised to ensure that the framework is as clear as possible and can be used practically by pharmacist supplementary prescribers.

The document in final draft was ultimately circulated to key representative bodies for comment. Comments received were used to confirm the content and presentation of the final document.



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