Education and Training Committee, 1 March 2018

Review of Standards for prescribing: Review of the Standards for prescribers

Executive summary

Introduction

The HCPC's current Standards for prescribing[1] were published in August 2013, following development and public consultation through 2012.

We review our published Standards every five years. The Standards for Prescribing are therefore due for appraisal in 2018.

The Standards for prescribing are presented in two parts:

- Standards for education providers: set out our expectations of education providers delivering training in prescribing.
- Standards for prescribers: set out the knowledge, understanding and skills we expect a prescriber to demonstrate when they complete their training.

It essential that our Standards for prescribing remain robust, relevant and fit for purpose as a means to protect the public in both the immediate and longer term. This review aims to secure these outcomes.

We propose to adopt the Royal Pharmaceutical Society's Competency Framework for all Prescribers (SCF) in place of our current Standards for prescribers.

The SCF is accredited by NICE and widely endorsed by professional bodies of prescribing professions. In March 2018, the Nursing and Midwifery Council (NMC) took the decision to adopt the SCF as their standards of proficiency for nurse and midwife prescribing practice, effective from January 2018. The NMC are the first regulator to take this step towards unifying professional standards for nonmedical prescribing practice.

> *"The prescribing competency framework can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing."*
>
> *"It provides the opportunity to bring professions together and harmonise education for prescribers by offering a competency framework for all prescribers."*

[1] http://www.hcpc-uk.co.uk/assets/documents/10004160Standardsforprescribing.pdf

- Royal Pharmaceutical Society, Competency Framework for all Prescribers, 3.0 ‘Purpose and uses of the framework’

There is considerable regulatory duplication around prescribing. Simplifying the current regulatory framework by setting common standards for prescribers will support a consistent and proportionate cross-regulatory approach.

As the RPS is the professional membership body for pharmacists and pharmacy in Great Britain, they are experts in medicines and well placed to maintain a comprehensive, up-to-date standards framework for nonmedical prescribers.

Legal advice indicates that we may adopt the SCF as our Standards for prescribers if the Council deem this appropriate. We recommend that the Committee agree to develop a consultation on adopting the SCF as our Standards for prescribers, for approval and launch in September 2018.

Issues set out in the accompanying paper, ‘Review of Standards for prescribing (2): Review of the Standards for education providers, would be addressed in the same consultation.

Decision

The Committee is asked to discuss the issues raised in the paper and agree a future approach. Specifically, whether to develop a consultation proposing to adopt the RPS Competency Framework for all Prescribers as our Standards for prescribers.

Background information

Please see appendix A for further information and discussion.

Resource implications

The resource implications associated with undertaking a public consultation have been taken into account in departmental work plans for 2018/2019.

The resource implications associated with the publication and launch of the revised guidance will be considered in departmental work plans for 2019/20.

Financial implications

The financial implications, including reprinting the guidance, will be included in budget planning for 2019/20

Appendices

Appendix A – Review of the Standards for prescribers

Appendix B – HCPC prescribing professions

Appendix C – RPS Competency Framework for all Prescribers

Appendix D – Mapping of the standards for prescribing against the SCF

Date of paper: 30/05/2018

Review of the standards for prescribers

Appendix A

Contents

1. Background to the review

1.1. The Standards for prescribers form part of our Standards for prescribing.

1.2. The decision to develop detailed Standards for prescribing was first taken in response to plans for changes in the law that would allow chiropodists/podiatrists and physiotherapists to train as independent prescribers. This legislation came into effect on 20 August 2013.

1.3. In the period up to 2018, we have seen a number of important changes in both prescribing practice and regulation:

- more HCPC professions have been given rights to train in prescribing;
- regulators including the General Pharmaceutical Council (GPhC) and Nursing and Midwifery Council (NMC) have reviewed their requirements for prescribing education and training; and

- modern technology has empowered new modes of care and treatment, such as remote prescribing, which demand regulatory attention.

1.4. HCPC prescribing professions

1.4.1. Since 2013, the profile of HCPC professions to which prescribing training is available has changed considerably. The contemporary position is set out in tabular format at Appendix B. Changes in the law have allowed:

From 1 June 2015:

- Prescribing of 4 controlled drugs by chiropodist/podiatrists, by oral administration only.

- Prescribing of 7 controlled drugs by physiotherapists, including transdermal fentanyl and morphine by injection.

From 1 April 2016:

- Independent prescribing by therapeutic radiographers

- Supplementary prescribing by dietitians

- The use of exemptions within the Human Medicines Regulations 2012 by orthoptists

From 1 April 2018:

- Supplementary and independent prescribing by paramedics.

1.4.2. On 2 May 2018, the Advisory Council on the Misuse of Drugs (ACMD) recommended that the Misuse of Drugs Regulations 2001 be amended to allow therapeutic radiographers who are independent prescribers to prescribe 6 controlled drugs, including morphine by injection.

1.4.3. At 18 January 2018, the number of prescribers with annotations for supplementary or independent prescribing on the HCPC Register was as follows:

1.4.3.1. Independent prescribers by profession.

Profession	**No. annotated registrants**
Chiropodist / Podiatrist	273
Physiotherapist	681
Radiographer – Therapeutic	56
Total	**1,010**

1.4.3.2. Supplementary prescribers by profession.

Profession	No. annotated registrants
Chiropodist / Podiatrist	339
Dietitian	19
Physiotherapist	807
Radiographer	1
Radiographer – Diagnostic	7
Radiographer – Therapeutic	78
Total	**1,251**

1.4.4. It is reasonable to expect that the total numbers quoted at 2.2.3.1 and 2.2.3.2. will rise from September 2018, as paramedics who have completed an approved programme in prescribing seek annotation on the Register.

1.4.5. NHS England continues to examine the need for extension of medicines supply, administration and prescribing mechanisms to further professions as part of their Allied Health Professions Medicines Project. It is reasonable to anticipate that further HCPC registered professions could be considered for prescribing eligibility in the future.

2. Standards for prescribers

2.1. Our Standards for prescribers (the Standards) are equivalent to the standards of proficiency that we set for our registered professions. They set out the requirements for safe and effective practice in prescribing. They are multi-professional and apply across all of our prescribing professions. We require that education and training programmes in prescribing deliver these proficiencies in their successful learners.

2.2. Currently, our Standards for prescribers are set out in two parts;

- standards for all prescribers; and
- three additional standards for independent prescribers only.

2.3. We consider that our current Standards do not properly account for changes in prescribing practice and regulation since 2013. For example:

Controlled medicines

2.3.1. Independent physiotherapist or chiropodist/podiatrist prescribers may prescribe certain controlled drugs for the treatment of organic disease or injury. Therapeutic radiographers are likely to be granted similar rights in the near future.

2.3.2. Currently, all paramedics can administer certain medicines on their own initiative to sick or injured persons who need immediate treatment under exemptions in the Human Medicines Act 2012. These medicines include a number of controlled drugs. Now that paramedics may train in prescribing, it is likely their eligibility to prescribe controlled drugs for the treatment of organic disease or injury will be reviewed in future.

Remote prescribing

2.3.3. The provision of primary care online is expanding, prompting the formation of an online primary care regulatory forum by the Care Quality Commission. The HCPC has taken up representation at this forum from early 2018. We recognise that while remote prescribing currently accounts for only a small area of our registrants' prescribing practice, technology is driving more nonmedical prescribers towards remote prescribing methods. This is a high risk area in prescribing and proper regulation from an early stage is necessary to suitably protect the public.

2.4. Instead of revising the Standards, we propose to consult on adopting the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers (Single Competency Framework, SCF) in their place.

3. RPS Competency Framework for all Prescribers (SCF) for all Prescribers

3.1. In 2012, the National Prescribing Centre (NPC) as part of the National Centre for Clinical Excellence (NICE), published a single prescribing competency framework. This framework was extrapolated from a review of existing, profession-specific frameworks. The NPC proposed that the same principles of safe and effective practice applied for prescribers of all levels and all professional backgrounds.

3.2. Stewardship of this framework was passed by NICE to the Royal Pharmaceutical Society (RPS) in 2014. The RPS performed an update of the framework in 2015 and following a period of consultation, published the Competency Framework for All Prescribers (SCF, Appendix C) in 2016.

3.3. The HCPC contributed to the RPS' 2015 review of the SCF as a member of the project's external reference group. We also responded to their subsequent consultation. This response can be found on our website.[1]

3.4. A mapping of the SCF against our current Standards is set out at Appendix D. Although this highlights differences in the level of detail between the two, it

[1] http://www.hcpc-uk.co.uk/assets/documents/10004F8EHCPCresponsetoRPSrevisedcompetencyframeworkforallprescribers.pdf

also indicates that in terms of underlying principles, they demonstrate very good alignment.

3.5. Interpretation of the SCF for levels of prescribing and areas of practice

3.5.1. Currently, our Standards place a strong emphasis on differentiating between supplementary and independent prescribing.

3.5.2. The SCF approaches this in a different way, setting common competencies but explaining that:

> "[The SCF] applies equally to independent and to supplementary prescribers but the latter should contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship."

The SCF also clearly defines supplementary and independent prescribing in its glossary.

3.5.3. In our response to the RPS consultation in 2015, we highlighted that the SCF sets competencies for prescribing unlicensed or off-label medicines, which none of our registered professions are permitted to do. Similarly, not all of our prescribing professions are currently able to prescribe controlled drugs. The SCF addresses this in a number of ways:

- Including a footnote which reads, "at the time of publication only doctors, dentists, nurses and pharmacists are able to independently prescribe unlicensed medicines";

- Through their competency 8.3, which requires that a prescriber "knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing)";

- Through their competency 7.1, which requires that a prescriber "prescribes within own scope of practice and recognises the limits of own knowledge and skill"; and

- By setting out that the SCF "must be contextualised to reflect different areas of practice and levels of expertise".

3.5.4. We feel that the limits of a registrants' prescribing practice will be made clear through their study of an education and training programme geared towards either supplementary or independent prescribing. This understanding should be carried forward by all successful learners into their professional practice.

3.5.5. We feel that the above measures make interpretation of the framework for different professions and levels of prescriber suitably clear.

3.6. The SCF and our Standards

3.7. We used the original iteration of the SCF, then owned by the NPC, to inform the Standards that we published in 2013. During the consultation for these Standards, respondents commonly referenced the SCF. Some felt that our Standards lacked the depth and breadth of the SCF, while others felt that they adequately and proportionally covered the key areas it raised. At that time, we considered that the SCF and our Standards fulfilled different purposes. Our Standards must reflect the threshold for safe and effective practice rather than act as best practice guidance.

3.8. However, as the SCF has become more established, it has gained regard as an accurate reflection of safe and effective prescribing practice. It's adoption by the NMC (see 3.10.1 – 3.10.2) underlines that it has become an accepted threshold measure for the proficiency of nonmedical prescribers.

3.9. The SCF document sets out that "a competency is a quality or characteristic that is related to effective performance. […] If acquired and maintained, the prescribing competencies in this framework, will help healthcare professionals to be safe, effective prescribers who are able to support patients to get the best out comes from their medicines." This supports that it may be appropriately applied in a regulatory context.

3.10. The SCF and other regulators and professional bodies

NMC

3.10.1. In 2017, the NMC proposed to adopt the SCF as their standards of proficiency for nurse and midwife prescribing practice. This formed part of the consultation on their programme of change for education.

3.10.2. 82% of consultation responses supported adopting the RPS Competency Framework, with 95% of those who supported the proposal also feeling that doing so would lead to shared approaches to prescribing competency across health and social care professions[2].

3.10.3. The NMC decided to adopt the SCF as their standards of proficiency for the purpose of receiving a recordable qualification in nurse and midwife

[2] https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/education-standards-consultation-reponse-may-2018.pdf

prescribing at its Council meeting on 28 March 2018[3,4,5]. This will come into effect from 28 January 2019. The NMC are the first regulator to take this step towards unifying professional standards for nonmedical prescribing practice.

GPhC

3.10.4. In their current consultation on the education and training standards for pharmacist independent prescribers[6], the GPhC do not seek to adopt the SCF directly. They consider that as a set of competencies for prescribers in practice, they are too broad as for prescribers in training. The GPhC instead propose a framework of learning outcomes that they have based primarily upon the SCF.

3.10.5. The HCPC do not set learning outcomes for the education and training programmes that we approve. These are free to be configured by the programmes themselves. We require that learning outcomes set by programmes appropriately develop and deliver our standards of proficiency and we verify this as part of our approvals process. Our Standards, on the other hand, set the threshold for safe and effective practice. We therefore do not consider that that GPhC's concerns apply in our circumstances and feel that it is appropriate that we seek to adopt the SCF.

Professional bodies

3.10.6. The SCF has been endorsed by a number of professional bodies, including several which represent members of our prescribing professions:

- The Chartered Society of Physiotherapy
- The British Dietetic Association;
- The College of Podiatry; and
- The Society and College of Radiographers

3.11. The SCF and education providers

3.11.1. It is notable that the SCF includes many more competencies than there are proficiencies in our current Standards. This is because the competencies of the SCF are more specific. Our Standards were designed to encompass those competencies set in the SCF, but to manage them at a higher level.

---

[3] https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2018/council-papers-march-2018.pdf
[4] https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/royal-pharmaceutical-societys-competency-framework-for-all-prescribers/
[5] https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/
[6] https://www.pharmacyregulation.org/sites/default/files/document/consultation_on_education_and_training_standards_for_pharmacist_independent_prescribers_march2018.pdf

3.11.2. We do not feel that it would be more burdensome for education providers to evidence how they deliver the competencies of the SCF as compared to our current Standards. The exercise will direct the same efforts in a different way. While education providers will need to evidence more points, the points themselves will be more focussed.

Timeline

3.11.3. A timeline will need to be decided for when education providers would be required to deliver the competencies of the SCF rather than the current Standards.

3.11.4. As the NMC will effect this change for their approved education and training providers from January 2019, many multi-professional programmes will be familiar with delivering the SCF before any deadline set by the HCPC.

New Standards

3.11.5. A benefit of the SCF is that it includes competencies for elements of prescribing practice that we do not currently set standards for, and for which there is a compelling need. For example:

> **SCF 7.3** Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.

3.11.6. Where the SCF sets competencies that are not reflected in our current Standards (see Appendix D, Section 3), we propose to implement programme adherence in a phased way through our annual monitoring procedures.

3.12. Legal advice

3.12.1. Legal advice indicates that we may adopt the SCF as our Standards for prescribers if the Council deem this appropriate.

3.12.2. There is no requirement that the HCPC must set standards for any annotation, but Article 19(6) of the Order provides a discretionary power to do so in the following terms (emphasis added):

> "In respect of additional qualifications which may be recorded on the register the Council **may** establish standards of education and training and article 15(3) to (8) and articles 16 to 18 **shall** apply in respect of these standards as if they were standards established under article 15(1)(a)."

Articles 16 to 18 relate to the appointment of visitors, the requirement of education providers to provide information not the HCPC and for the withdrawal of course approval.

3.12.3. Council must be satisfied in broad terms that the standards concerned are of an appropriate standard and are appropriate for the intended purpose, and must document why this is so.

3.13. Quality assurance and regulatory control

3.13.1. Adopting an external framework as our own standards poses some inherent risks in that the HCPC would not control the future direction of that framework.

3.13.2. The SCF is to be updated every four years. It is next scheduled for review in July 2020.

3.13.3. It is reassuring that:

> "NICE has accredited the process used by the Royal Pharmaceutical Society to produce professional standards, competency frameworks and guidance. Accreditation is valid for 5 years from 17 February 2017."

3.13.4. The RPS set out how the framework was last updated at Appendix 1 of the SCF document. At this early stage, we consider that their process appears rigorous and appropriate.

3.13.5. We have arranged discussions with the RPS to address what role the HCPC will play as a stakeholder in future revisions of the framework. These are upcoming in May.

3.13.6. We consider that in any period of review and revision the SCF:

- Council approval would be sought for our response to any consultation by the RPS;
- Council approval would be sought for our continued use of any updated version of SCF; and
- our Standards would remain fixed at the last Council approved version of the framework until further notice to education providers and registrants.

Should any revisions be planned to the SCF that the HCPC fundamentally disagree with, this will appropriately shelter our Standards.

4. Next steps

4.1. Subject to the Committee's decisions, further pre-consultation engagement will be scheduled through the summer and a consultation paper will be drafted. This will be submitted for review at ETC in September and, if approved, Council in September.

4.2. We will seek to launch a public consultation in late September 2018 to run for fifteen weeks until early January 2019. This will allow for any delayed submissions over the Christmas period.

Review of the Standards for Prescribing

Appendix B: HCPC prescribing professions

The table below outlines the eligibility for each profession.

Profession	Sub section (if relevant)	Supply and administration			Prescribing	
		PSD	PGD	Exemptions	SP	IP
Art therapist		X				
Biomedical scientist		X				
Chiropodist / podiatrist		X	X	X	X	X
Clinical scientist		X				
Dietitian		X	X		X	
Hearing aid dispenser		X				
Occupational therapist		X	X			
Orthoptist		X	X	X		
Operating department practitioner		X				
Paramedic		X	X	X	X	X
Physiotherapist		X	X		X	X
Practitioner psychologist		X				
Prosthetist / orthotist		X	X			
Radiographer	Diagnostic	X	X		X	
	Therapeutic	X	X		X	X
Social worker in England		X				
Speech and language therapist		X	X			

Key

PSD – Patient Specific Direction
PGD – Patient Group Direction
SP – Supplementary Prescribing
IP – Independent Prescribing

ROYAL PHARMACEUTICAL SOCIETY

A Competency Framework for all Prescribers

Publication date: July 2016

Review date: July 2020

NICE accredited
www.nice.org.uk/accreditation

NICE has accredited the process used by the Royal Pharmaceutical Society to produce its professional guidance and standards. Accreditation is valid for 5 years from 17 February 2017.

For full details on NICE accreditation visit: www.nice.org.uk/accreditation

Association for Prescribers
BDA The Association of UK Dietitians
BDA British Dental Association
British Pharmacological Society
Chartered Society of Physiotherapy
The Society & College of Radiographers
The College of Optometrists
The College of Podiatry
RCGP Royal College of General Practitioners
Royal College of Nursing Shaping nursing since 1916
Royal College of Physicians

CONTENTS

1.0 INTRODUCTION

Medicines are used more than any other intervention by patients to manage their medical conditions. Both the number of medicines prescribed and the complexity of the medicines regimes that patients take are increasing. As the population ages and multiple co-morbidities become more prevalent, polypharmacy is increasingly becoming the norm for patients[1,2]. This increase in complexity means that besides developing and maintaining prescribing competency for individual conditions, prescribers have the challenge of keeping up to date with new medicines as they come onto the market and being aware of the potential for interaction between medicines in patients with multiple co-morbidities[3].

When prescribed and used effectively medicines have the potential to significantly improve the quality of lives and improve patient outcomes. However, the challenges associated with prescribing the right medicines and supporting patients to use them effectively should not be underestimated. There is a considerable amount of evidence nationally and internationally to demonstrate that much needs to be done to improve the way that we prescribe and support patients in effective medicines use[4,5,6].

Doctors are by far the largest group of prescribers who, along with dentists, are able to prescribe on registration. They have been joined over the last fifteen years by independent and supplementary prescribers from a range of other healthcare professions who are able to prescribe within their scope of practice once they have completed an approved education programme. This extension of prescribing responsibilities to other professional groups is likely to continue where it is safe to do so and there is clear patient benefit.

To support all prescribers to prescribe effectively a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012[7]. Based on earlier profession specific prescribing competency frameworks[8,9,10,11] the framework was developed because it became clear that a common set of competencies should underpin prescribing regardless of professional background.

The 2012 framework is now in wide use across the UK (see 'Uses of the framework' – Section 3) and was due for review in 2014. NICE and Health Education England approached the Royal Pharmaceutical Society (RPS) to manage the update of the framework on behalf of all the prescribing professions in the UK. The RPS agreed to update the competency framework in collaboration with patients and the other prescribing professions many of whose professional bodies have endorsed this updated framework.

Going forward the RPS will continue to publish (and maintain) the updated competency framework in collaboration with the other prescribing professions. The framework will be published on the RPS website for all regulators, professional bodies, prescribing professions and patients to use.

2.0 HOW THE FRAMEWORK WAS UPDATED

A project steering group consisting of prescribers from across all the professions and patients (see Appendix 2 for membership) updated the framework using a process consistent with the development of previous competency frameworks. For full details of the process used to update the framework see Appendix 1.

The updating process included a six week consultation of the draft competency framework to which almost one hundred organisations and individuals responded.

To ensure the framework has applicability across the UK, a strategic level Project Board consisting of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland and NICE supported the update of the framework. See Appendix 2 for membership.

Multi professional input into the updating process and dissemination post publication was supported by regular engagement with an external reference group of over seventy organisations and individuals including professional regulators, professional bodies, patient groups and higher education institutes. See Appendix 2 for membership.

3.0 PURPOSE AND USES OF THE FRAMEWORK

A competency is a quality or characteristic of a person that is related to effective performance. Competencies can be described as a combination of knowledge, skills, motives and personal traits. Competencies help individuals and their organisations look at how they do their jobs. A competency framework is a collection of competencies thought to be central to effective performance. Development of competencies should therefore help individuals to continually improve their performance and to work more effectively.

If acquired and maintained, the prescribing competencies in this framework, will help healthcare professionals to be safe, effective prescribers who are able to support patients to get the best outcomes from their medicines.

The prescribing competency framework can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing. It can also be used by regulators, education providers, professional organisations and specialist groups to inform standards, the development of education, and to inform guidance and advice. It provides the opportunity to bring professions together and harmonise education for prescribers by offering a competency framework for all prescribers.

The prescribing competency framework has a wide range of uses and the previous version has already been extensively used in practice. Uses of the framework are highlighted here along with some examples of practice. More examples of how the framework can and has been used can be found on the RPS website. The framework can be used to:

1. Inform the design and delivery of education programmes, for example through validation of educational sessions (including rationale for need), and as a framework to structure learning and assessment.

"I have used the prescribing competency framework in designing a seven week teaching programme for fifth year medical undergraduates, the effectiveness of which has been demonstrated by a pre- and post-teaching assessment that allows the students to demonstrate competency in many of the areas identified in the framework (calculations, identifying adverse drug reactions, considering contraindications to therapies, use of formularies)."

– Medical Education, NHS – Betsi Cadwaladr University Health Board

2. Help healthcare professionals prepare to prescribe and provide the basis for on-going continuing education and development programmes, and revalidation processes. For example, use as a framework for a portfolio to demonstrate competency in prescribing.

"Non-medical prescribing courses in the North West region are all structured around the prescribing competency framework so prescribers are familiar with its contents prior to qualification. I expect every non-medical prescriber in my organisation to be familiar with the framework and I direct new prescribers and those new to the organisation to it at our first meeting. Personally I intend to use the framework to evidence how I have stayed up to date as a prescriber as part of the Nursing and Midwifery Council revalidation process."

– Non-medical prescribing lead, East Lancashire Hospitals NHS Trust

3. Help prescribers identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.

"At City Health Care Partnership the competency framework forms the basis of a passport for all non-medical prescribers. All prescribers receive a passport when they join the organisation or are newly qualified. Having the competencies in the passport allows prescribers to reflect on their prescribing and helps them to structure their CPD records as well as informing clinical supervision discussions. As an organisation we expect prescribers to ensure that the competencies are demonstrated in their prescribing practice."

– City Health Care Partnership, Hull

---

4. Provide professional organisations or specialist groups with a basis for the development of levels of prescribing competency, for example, from recently qualified prescriber through to advanced prescriber.

"Within NHS Greater Glasgow and Clyde Addiction Services the competency framework forms part of our non-medical prescribing Operational Policy. The policy is a working document which follows on from our Service's non-medical prescribing Strategy for the period 2015-2020. Within our policy there are three levels of prescribers based on qualification status, level of experience and clinical competence. The competency framework is used to support the progression of prescribers through prescribing levels and supports designated medical prescribers and line managers to assess competence and clinical expertise.

– NHS Greater Glasgow and Clyde Addiction Services

---

5. Stimulate discussions around prescribing competencies and multidisciplinary skill mix at an organisational level.

---

6. Inform organisational recruitment processes to help frame questions and benchmark candidates prescribing experience.

---

7. Inform the development of organisational systems and processes that support safe effective prescribing, for example, local clinical governance frameworks.

"The competency framework has been included within the organisation's three yearly revalidation programme for nurse prescribers. Other allied health professional prescribers and pharmacist prescribers will also be asked to complete revalidation. Throughout the three years the framework will be used as part of individual prescriber's appraisals and supervision."

– Northumberland Tyne and Wear NHS Foundation Trust

---

8. Inform the development of education curricula and relevant accreditation of prescribing programmes for all prescribing professions.

"The framework has been used to underpin the outline curriculum frameworks for supplementary and independent prescribing to be used by radiographers (this also includes a framework for a conversion course for existing therapeutic radiographer supplementary prescribers to become independent prescribers)."

– The Society and College of Radiographers

4.0 SCOPE OF THE FRAMEWORK

The key points to note about the scope of the prescribing framework are that:

- It is a generic framework for any prescriber (independent or supplementary) regardless of their professional background. It therefore does not contain statements that relate only to specialist areas of prescribing.
- It must be contextualised to reflect different areas of practice and levels of expertise.
- It reflects the key competencies needed by all prescribers; it should not be viewed as a curriculum but rather the basis on which one can be built.
- It applies equally to independent prescribers and to supplementary prescribers but the latter should contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship (see Glossary).

"The General Pharmaceutical Council sets standards for the education and training of pharmacists to become prescribers. These standards require that the curriculum of a prescribing programme reflect relevant curriculum guidance, which includes the prescribing competency framework. Our prescribing standards work in conjunction with the competency framework and other standard for pharmacy professionals, to help ensure consistency and quality in programme design."

– The General Pharmaceutical Council

5.0 THE ROLE OF PROFESSIONALISM

To sharpen the focus of the prescribing competency framework and maintain the focus on key prescribing competencies, a change to this update is the removal of several statements that relate to the application of professionalism. However it is important to recognise that healthcare professionals need to apply professionalism to all aspects of their practice in line with their own professional codes of conduct, standards and guidance.

Whilst the framework does contain a competency on prescribing professionally, there are elements of wider professional practice that will impact on how healthcare professionals behave when they prescribe.

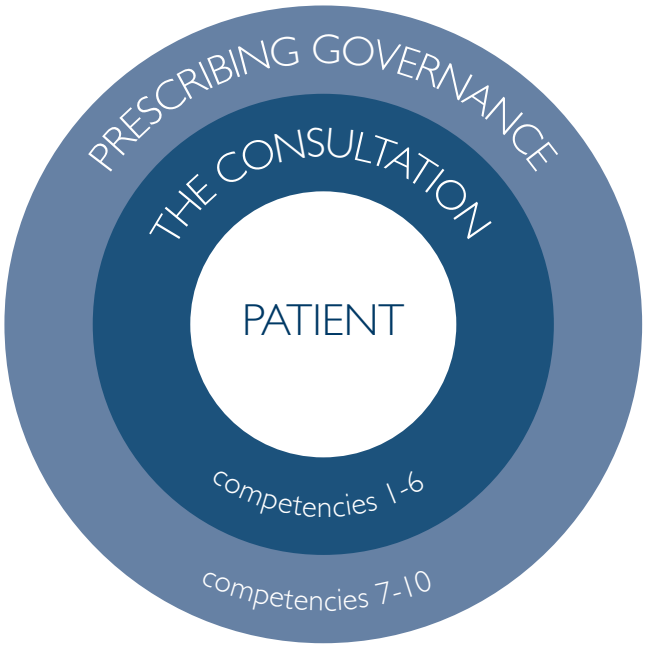
These include the importance of maintaining a patient-centred approach when speaking to patients/carers, maintaining confidentiality, the need for continuing professional development and the importance of forming networks for support and learning.

To encourage prescribers to reflect on their wider professional practice and how it might apply to prescribing examples of these behaviours have been captured below under the heading Apply Professionalism. This is not an exhaustive list and prescribers are encouraged to use their own professional codes and guidance alongside the competency framework.

APPLY PROFESSIONALISM
Always introduces self and role to the patient and carer.
Adapts consultations to meet the needs of different patients/carers (e.g. for language, age, capacity, physical or sensory impairments).
Undertakes the consultation in an appropriate setting taking account of confidentiality, consent, dignity and respect.
Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements.
Takes responsibility for own learning and continuing professional development.
Learns and improves from reflecting on practice and makes use of networks for support, reflection and learning.
Recognises when safe systems are not in place to support prescribing and acts appropriately.

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

The competency framework (illustrated below) sets out what good prescribing looks like. There are ten competencies split into two domains. Within each of the ten competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate.



THE CONSULTATION

1. Assess the patient
2. Consider the options
3. Reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review

PRESCRIBING GOVERNANCE

7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team

Figure 1 The prescribing competency framework

THE CONSULTATION (COMPETENCIES 1-6)

1: ASSESS THE PATIENT

1.1 Takes an appropriate medical, social and medication history[1] including allergies and intolerances.

1.2 Undertakes an appropriate clinical assessment.

1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.

1.4 Requests and interprets relevant investigations necessary to inform treatment options.

1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).

1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.

1.7 Reviews adherence to and effectiveness of current medicines.

1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.

2: CONSIDER THE OPTIONS

2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.

2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).

2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.

2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).

2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.

2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.

2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.

2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.

[1] *This includes current and previously prescribed and non-prescribed medicines, on-line medicines, supplements, complementary remedies, illicit drugs and vaccines.*

2: CONSIDER THE OPTIONS (CONTINUED)

2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.

2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.[2]

3: REACH A SHARED DECISION

3.1 Works with the patient/carer[3] in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.

3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.

3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.

3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.

3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.

3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.

4: PRESCRIBE

4.1 Prescribes a medicine[4] only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and unwanted effects.

4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.

4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).

4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.

4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG[5] and medicines management/optimisation) to own prescribing practice.

[2] See also Expert Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) and Public Health England (PHE) prescribing competencies. https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies

[3] The term carer is used throughout the prescribing competency framework as an umbrella term that covers care givers, parents and patient advocates or representatives.

[4] For the purpose of the framework medicines can be taken to include all prescribable products.

[5] NICE – National Institute for Health and Clinical Excellence; SMC – Scottish Medicines Consortium; AWMSG – All Wales Medicines Strategy Group

4: PRESCRIBE (CONTINUED)

4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.

4.7 Considers the potential for misuse of medicines.

4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).

4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.

4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).

4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs[6].

4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.

4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.

5: PROVIDE INFORMATION

5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.

5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).

5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.

5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.

5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.

[6] At the time of publication only doctors, dentists, nurses and pharmacists are able to independently prescribe unlicensed medicines

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

6: MONITOR AND REVIEW

6.1	Establishes and maintains a plan for reviewing the patient's treatment.
6.2	Ensures that the effectiveness of treatment and potential unwanted effects are monitored.
6.3	Detects and reports suspected adverse drug reactions using appropriate reporting systems.
6.4	Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.

PRECRIBING GOVERNANCE (COMPETENCIES 7-10)

7: PRESCRIBE SAFELY

7.1	Prescribes within own scope of practice and recognises the limits of own knowledge and skill.
7.2	Knows about common types and causes of medication errors and how to prevent, avoid and detect them.
7.3	Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.
7.4	Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).
7.5	Keeps up to date with emerging safety concerns related to prescribing.
7.6	Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.

8: PRESCRIBE PROFESSIONALLY

8.1	Ensures confidence and competence to prescribe are maintained.
8.2	Accepts personal responsibility for prescribing and understands the legal and ethical implications.
8.3	Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).
8.4	Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.
8.5	Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).
8.6	Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.

9: IMPROVE PRESCRIBING PRACTICE

9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.

9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.

9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).

10: PRESCRIBE AS PART OF A TEAM

10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.

10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.

10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.

10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.

7.0 PUTTING THE FRAMEWORK INTO PRACTICE

A range of resources can be found on the RPS website to help stimulate use of the competency framework in practice these include:

- FAQs
- a downloadable word template version of the framework
- PowerPoint presentation
- practice examples from organisations and individuals who have been using the competency framework.

To further stimulate use of the framework prescribers or organisations using it are encouraged to contact the Royal Pharmaceutical Society (RPS) at support@rpharms.com to share their examples of the framework's application in practice. These examples will be shared through the RPS website and will help inform future updates of the framework.

"The Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) has embedded the competency framework into a practice portfolio which forms part of our accredited independent pharmacist prescribing programme. All pharmacists use the practice portfolio to document their developing competency over the course of the programme with the expectation that pharmacists document their competency against most statements in the competency framework before qualifying as a prescriber. The practice portfolio is submitted to NICPLD for assessment and must be passed independently of all other elements of the course to qualify as a prescriber."

– The Northern Ireland Centre for Pharmacy Learning and Development

GLOSSARY

Polypharmacy	Polypharmacy means "many medications" and has often been defined to be present when a patient takes five or more medications. Polypharmacy is not necessarily a bad thing, it can be both rational and required however it is important to distinguish appropriate from inappropriate polypharmacy.
Inappropriate polypharmacy	When one or more drugs are prescribed that are not or no longer needed, either because: (a) there is no evidence based indication, the indication has expired or the dose is unnecessarily high; (b) one or more medicines fail to achieve the therapeutic objectives they are intended to achieve; (c) one, or the combination of several drugs cause inacceptable adverse drug reactions (ADRs), or put the patient at an unacceptably high risk of such ADRs, or because (d) the patient is not willing or able to take one or more medicines as intended.
Appropriate polypharmacy	When: (a) all drugs are prescribed for the purpose of achieving specific therapeutic objectives that have been agreed with the patient; (b) therapeutic objectives are actually being achieved or there is a reasonable chance they will be achieved in the future; (c) drug therapy has been optimised to minimise the risk of ADRs and (d) the patient is motivated and able to take all medicines as intended.
Deprescribing	The process of stopping or reducing medicines with the aim of eliminating problematic (inappropriate) polypharmacy, and then monitoring the individual for unintended adverse effects or worsening of disease. It is essential to involve the individual (and their carer) closely in deprescribing decisions in order to build and maintain their confidence in the process.
Non-medical prescribing	Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers and dietitians working within their clinical competence as either independent and/or supplementary prescribers.
Independent prescribing	Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. In practice, there are TWO distinct forms of non-medical independent prescriber. i) At time of publication an independent prescriber may be a specially trained nurse, pharmacist, optometrist, physiotherapist, therapeutic radiographer or podiatrist who can prescribe licensed medicines within their clinical competence. Nurse and pharmacist independent prescribers can also prescribe unlicensed medicines and controlled drugs. ii) A community practitioner nurse prescriber (CPNP), for example district nurse, health visitor or school nurse, can independently prescribe from a limited formulary called the Nurse Prescribers' Formulary for Community Practitioners, which can be found in the British National Formulary (BNF).
Supplementary prescribing	Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. Nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers and dietitians may become supplementary prescribers and once qualified may prescribe any medicine within their clinical competence, according to the CMP.

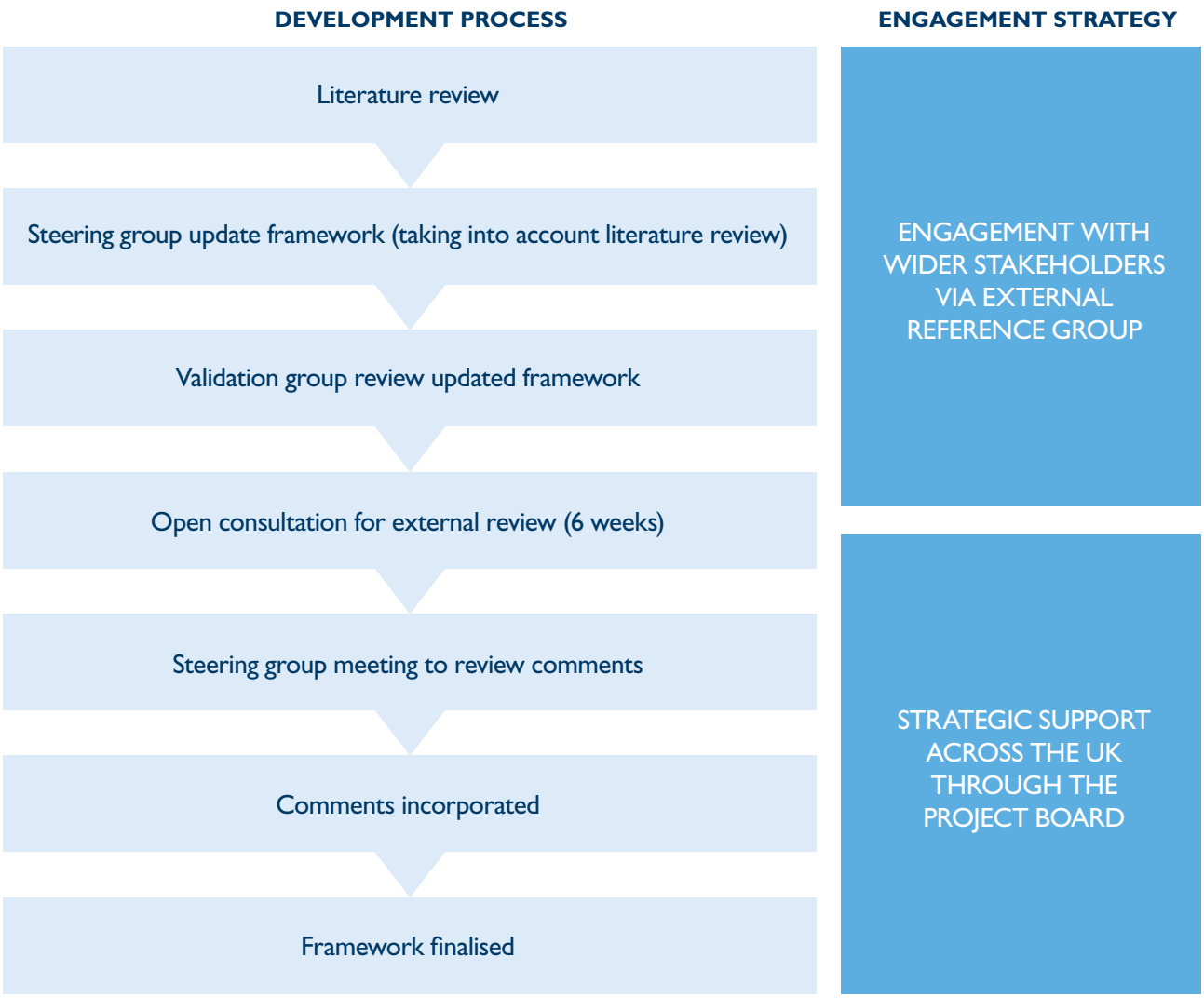
REFERENCES

1. Duerden M, Avery T, Payne R. *Polypharmacy and Medicines Optimisation. Making it safe and Sound*. Kings Fund 2013. http://www.kingsfund.org.uk/publications/polypharmacy-and-medicines-optimisation
2. NHS Scotland. *Polypharmacy Guidance*. March 2015. http://www.sign.ac.uk/pdf/polypharmacy_guidance.pdf and available as an App from http://www.knowledge.scot.nhs.uk/home/tools-and-apps/mobile-knowledge/search.aspx?device=None&q=polypharmacy&p=1&rpp=20 or by searching the iTunes and Google Play app stores. The Web Version of the app is available at http://www.polypharmacy.scot.nhs.uk/
3. National Institute for Health and Clinical Excellence. *Multimorbidity: clinical assessment and management*. Expected publication September 2016. https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0704
4. Royal Pharmaceutical Society. *Medicines optimisation: helping patients to make the most of medicines*. May 2014 https://www.rpharms.com/promoting-pharmacy-pdfs/helping-patients-make-the-most-of-their-medicines.pdf
5. National Institute for Health and Clinical Excellence. *Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes*. March 2015. https://www.nice.org.uk/guidance/ng5
6. Department of Health, Social Services and Public Safety. *Northern Ireland Medicines Optimisation Quality Framework*. March 2016 https://www.health-ni.gov.uk/sites/default/files/consultations/dhssps/medicines-optimisation-quality-framework.pdf
7. National Prescribing Centre. *A single competency framework for all prescribers*. May 2012
8. National Prescribing Centre. *Maintaining Competency in Prescribing. An outline framework to help nurse prescribers. First Edition*. November 2001.
9. National Prescribing Centre. *Maintaining Competency in Prescribing. An outline framework to help nurse supplementary prescribers*. March 2003.
10. National Prescribing Centre. *Maintaining Competency in Prescribing. An outline framework to help pharmacist supplementary prescribers. First Edition*. March 2003.
11. National Prescribing Centre and General Optical Council. *Competency framework for prescribing optometrists. First Edition*. May 2004.
12. National Prescribing Centre. *Maintaining Competency in Prescribing. An Outline Framework to help Allied Health Professional Supplementary Prescribers. First Edition*. July 2004.
13. National Prescribing Centre. *Maintaining Competency in Prescribing. An outline framework to help pharmacist prescribers. Second Edition*. October 2006.
14. Whiddett S, Hollyforde, S. *The Competencies Handbook*. Institute of Personnel and Development, 1999.

APPENDIX 1
HOW THE FRAMEWORK WAS UPDATED

The process used to update the framework is illustrated below. It is consistent with the methodology used to develop and refine the previous prescribing competency frameworks published by the National Prescribing Centre and NICE.

The update of the framework was a review of an existing resource widely used in practice. The project steering group concluded, based on a literature view and extensive use of the framework in practice, that the 2012 framework was broadly fit for purpose. The process used to update the framework is proportionate to that view and reflects an iterative development of the content.



ENGAGEMENT STRATEGY

The prescribing competency framework will be used by a range of healthcare professions. An external reference group comprising regulators, professional organisations and other relevant and interested stakeholder groups was constituted. Webinars were held with the group three times over the duration of the project to keep members of the group informed about progress and to stimulate discussion about how the framework might be disseminated and used once published. See Appendix 2 for membership.

The update of the prescribing competency framework was 'project sponsored' at a strategic level by a Project Board to help ensure UK wide applicability. Membership consisted of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland, The Welsh Assembly and NICE. See Appendix 2 for membership.

DEVELOPMENT PROCESS

An external lead author was commissioned by the RPS to ensure that the process for updating of the competency framework was independent.

A literature review was undertaken in October 2015 to identify key evidence relating to competency and good practice in prescribing since the publication of the 2012 single competency framework.

A steering group with prescribers from all the professions able to prescribe and patient representatives used a consensus process to review and update the competency framework in the context of the literature review. The multidisciplinary nature of the group ensured the generic nature of the framework was maintained – see Appendix 2 for membership. The group was chaired by the independent lead author and all members were asked to declare conflicts of interest * which were managed in line with RPS Professional standards, guidance and frameworks process development manual.

A separate group of existing prescribers (again reflecting all groups able to prescribe) and patients **validated the updated framework** in a focus group setting to ensure that the changes made by the steering group were in line with current prescribing practice and were understandable to prescribers. Refinements made to the framework were agreed using a consensus process and members of the validation group were asked to declare conflicts of interest*. See appendix 2 for membership.

As a result of the steering group review and validation group scrutiny refinements were made to the framework that included:

- Removal of statements that relate more generally to professional practice (see section 4).
- Reordering of the framework into ten competencies that have been grouped into two competency areas.
- Addition of new statements or modification of existing statements to include omissions identified through the literature review.
- Deletion of statements felt to be less relevant to prescribing or where duplication became apparent as the structure of the framework was updated.
- Editing of statements for clarity or consistency of terminology.
- Splitting of statements for clarity or to fit with the reordered structure of the framework.
- Improving the wording of statements.

The competency document was posted on the RPS website for six weeks for open **consultation**.
The external reference group, project board and steering group were all asked to draw attention to the availability of the framework for comment. Ninety five responses to the consultation were received.

Comments from the consultation were reviewed by the steering group and those that were in scope and relevant were incorporated into the prescribing framework.
The project steering group used a consensus process to agree all final refinements to the framework. Consensus was achieved.

STATEMENT OF FUNDING

The update to this framework has been wholly funded by the RPS who have not received any payment from a third party for its development. Further information on "How the RPS is funded" can be viewed in Professional standards, guidance and frameworks process development manual.

*Declarations are available upon request by e-mailing support@rpharms.com.

APPENDIX 2 ACKNOWLEDGEMENTS

STEERING GROUP MEMBERS

Professor Angela Alexander	Director of the Centre for Inter-Professional Postgraduate Education and Training, University of Reading
Dave Baker	Extended Scope Physiotherapist – Locomotor Service, Homerton University Hospital NHS Foundation Trust and Complete Physio Limited
Dr Jane Brown	Pharmacy Local Professional Network Chair (formerly Director at the National Prescribing Centre), Greater Manchester
Hazel Boyce	Advanced Therapy Radiographer and Non-Medical Prescriber, University Hospitals Bristol NHS Foundation Trust
Richard Harris	Professional Development Pharmacist, H.I.Weldrick Ltd
Angie Hill	Director of Nursing and Professions – Primary Care, Care Uk
Karen Hodson	Programme Director of the Pharmacist Independent Prescribing Programme, Cardiff University
Fran Husson	Lay representative
Parbir Jagpal	Programme Director, Independent Prescribing; and Practice Pharmacist and Independent Prescriber, University of Birmingham and Dudley Clinical Commissioning Group
Fiona Jones	Advanced Clinical Pharmacist Prescriber in Primary Care, Betsi Cadwaladr University Health Board and Member of Welsh Pharmacy Board
Teresa Kearney	Nurse Prescriber, Association of Nurse Prescribers
Dr Claire Loughrey	Director of Postgraduate General Practice Education, Northern Ireland Medical and Dental Training Agency
Professor Simon Maxwell	Medical Director, Prescribing, Prescribing Safety Assessment, University of Edinburgh
Dr James McKinlay	General Practitioner
Dr Nikolaus Palmer	Dental Surgeon, British Dental Association
Catherine Picton (chair)	Lead author and consultant to RPS
Professor Jane Portlock	Professor of Pharmacy Practice, Head of Pharmacy Practice Division, University of Portsmouth

Debbie Sharman	Consultant Podiatrist – Diabetes Professional lead for Podiatry and Visiting Lecturer (University of Southampton), Dorset HealthCare University Foundation Trust
Mark Tomlin	Consultant Pharmacist: Critical care, Consultant Pharmacist and Independent Prescriber, University Hospital Southampton NHS Foundation Trust
Dr Andy Webb	Senior Lecturer/Honorary Consultant, Kings College London (Guy's & St Thomas' NHS Foundation Trust/ King's Health Partners)
Alison Weston	Principal Optometrist, St James's University Hospital, Leeds
Nigel Westwood	Lay representative
Professor David Wray	Emeritus Professor, Dental School, Glasgow University

PROJECT BOARD MEMBERS

Margaret Allen *(representing Roger Walker, Chief Pharmaceutical Officer for Wales)*	Director, Wales Centre for Pharmacy Professional Education
Michele Cossey *(representing Keith Ridge, Chief Pharmaceutical Officer for England)*	Head of Clinical Strategy / Regional Pharmaceutical Advisor NHS England (North), NHS England (North)
Cathy Harrison *(representing Mark Timoney, Chief Pharmaceutical Officer for Northern Ireland)*	Senior Principal Pharmaceutical Officer, Department of Health, Northern Ireland
Alpana Mair *(representing Rosemarie Parr, Chief Pharmaceutical Officer for Scotland)*	Deputy Chief Pharmaceutical Officer Scotland, Scottish Government
Patricia Saunders	Senior Education and Training Policy Manager, Health Education England
Jonathan Underhill	Associate Director, Medicines and Prescribing Centre, National Institute for Health and Care Excellence
Anne Watson	Associate Director of Pharmacy, NHS Education for Scotland

VALIDATION GROUP MEMBERS

Patricia Armstrong	Pharmacist Assistant Professional Support Manager, Boots
Sue Axe	Course leader for Independent and Supplementary Nurse Prescribing, Buckinghamshire New University
Dr Gill Beck	General Practitioner
Dr Mohsin Choudry	National Medical Director's Clinical Fellow, Royal College of Physicians, London
Professor Robin E Ferner	Secretary of the Joint Specialist Committee of the Royal College of Physicians and the British Pharmacological Society
Penny Fletcher	Senior lead pharmacist, Women and Children, Imperial College Healthcare NHS Trust
Sue Gassor	Nurse Practitioner/ Practice Nurse Advisor, working for Pencester Health Surgery Dover/South East CSU.
Nick Haddington	Director of Taught Postgraduate Programmes, Department of Pharmacy and Pharmacology, University of Bath
Peter Hawkes	Lay representative
Dr Rebecca Hoskins	Consultant Nurse & Senior Lecturer Emergency Care, Non Medical Prescribing Trust Lead, University Hospitals Bristol NHS Foundation Trust
Dr Catrin Jones	FY2 Doctor South East Scotland Deanery
Jancis Kinsman	Lung specialist radiographer, Bristol Cancer Institute
Dr Kerry Layne	Clinical PhD Student, King's College London
Professor Gunter Loffler	Programme Lead BSc Optometry, Programme Lead Post-graduate Ocular Therapeutics Programme, Glasgow Caledonian University
Nicky Mackenzie	Independent Prescribing Physiotherapist, Musculoskeletal Therapy Team Leader
Nick Masucci	Consultant Podiatrist, Ashford & St Peter's NHS Trust
Nicholas J. Rumney	MScOptom FCOptom DipTP(IP) ProfCertMedRet FAAO FEAOO FIACLE FBCLA, Federation of Ophthalmic and Dispensing Opticians (FODO)
Dr Robert Rutland	General and Cosmetic Dentist and Doctor. Examiner, Royal College of Physicians & Surgeons. Medical Appraiser.
Andy Sharman	Specialist Paramedic – Urgent and Emergency Care

Dr Jude Tweedie	Clinical Fellow, Royal College of Physicians
Professor Cate Whittlesea	School of Medicine, Pharmacy and Health, Durham University

EXTERNAL REFERENCE GROUP MEMBERS

Catherine Armstrong	Lead Pharmacist, Pharmicus, CBC
Dr Diane Ashiru-Oredope	Antimicrobial Resistance Programme; Public Health England
Sue Axe	Course leader for Independent and Supplementary Nurse Prescribing, Buckinghamshire New University
Inge Bateman	Lead Clinical Nurse Specialist In-patient Pain Service, Western Sussex Hospitals NHS Foundation Trust
Dianne Bell	Senior Learning Developmen Pharmacist, Centre for Pharmacy Postgraduate Education
Kate Bennett	Tissue Viability Specialist Nurse
Jayne Bridge	NMP lead for MerseyCare NHS
Christine Buicke	Policy Manager, General Medical Council
Stephanie Butler	Lead Specialist Renal Pharmacist and Independent Prescriber
Dr Wendy Caddye	Senior Clinical Nurse Specialist Inpatient Pain Management BSUH NHS Trust
Ian Cameron	Managing Director, Cameron Optometry Ltd
Nicole Casey	Policy Manager, Health and Care Professions Council
Lisa Chaters	Advanced Neonatal Nurse Practitioner
Tanya Downes	Cheshire and Wirral partnership, Advanced Paediatric Nurse Practitioner / Nurse Clinician GP out of hours
Marcus Dye	Standards Manager, General Optical Council
Gerald Ellis	Associate Director Pharmacy Transformation, Newark and Sherwood CCG

Professor Robin Ferner	Secretary of the Joint Specialist Committee of the Royal College of Physicians and the British Pharmacological Society
Matthew Fitzpatrick	Managing Director A&E and Acute Medicine
Helen Flint	For British Oncology Pharmacy Association
Christina Freeman	Professional Officer: policy, guidance and advice, Society and College of Radiographers
Sue Gassor	Nurse Practitioner/ Practice Nurse Advisor working for Pencester Health Surgery Dover/South East CSU.
Mohit Gupta	Consultant ophthalmologist, Royal College of Ophthalmologists.
Nicholas Haddington	Director of Taught Postgraduate Programmes, Department of Pharmacy and Pharmacology, University of Bath
Sophie Harper	Principal Optometrist Cataract Services, Manchester Royal Eye Hospital
Clare Worrall Hill	Professional Engagement Manager, Parkinson's UK
Dianne Hogg	Non-medical Prescribing Lead, Queen's Nurse, East Lancashire Hospitals NHS Trust
Sue Hudson	Clinical specialist podiatrist, working for East Lancashire Hospital Trust
Jen Hulme	Senior Clinical Pharmacist-Antibiotics and NMP Co-Lead, Mid Cheshire Hospitals NHS Foundation Trust
Dr Mani Hussain	Chair Shropshire & Staffordshire Pharmacy LPN NHS England
Dr Farah Jameel	GP, British Medical Association
Sally Jarmain	Non-Medical Prescribing Lead, Northern Devon Healthcare Trust
Lindsay Johnston	NMP & Advanced Nurse Practitioner (in training) at Salford Royal Hospitals NHS Foundation Trust – Emergency Department
Anja St Clair Jones	Lead Pharmacist Digestive Diseases Centre BSUH NHS Trust
Jan Keenan	Consultant Nurse and Non-Medical Prescribing Lead' Oxford University Hospitals NHS Foundation Trust
Menaz Kermali	Specialist Pharmacist CMHT, Berkshire Healthcare Foundation Trust
Jacqui Kinsey	Director of Prescribing Education, Centre for Professional Development and Lifelong Learning, school of Pharmacy, Keele University

Professor John Lawrenson	College of Optometrists, Professor of Clinical Visual Science, City University London
Dr Fran Lloyd	NI Centre for Pharmacy Learning and Development
Prof Gunter Loffler	Professor; Programme Lead – BSc Optometry; Programme Lead – Post-graduate Ocular Therapeutics Programme, Glasgow Caledonian University
Sue Lyne	Advanced Community Nurse Practitioner, East Sussex Healthcare NHS Trust (ESHT)
Nicky Mackenzie	Musculoskeletal Therapy Team Leader, Sandwell and Birmingham NHS trusts
Helen Marriott	AHP Medicines Project Lead, NHS England
Joanne Martin	Quality Assurance Manager, General Pharmaceutical Council
Dr Arianne Matlin	Health and Science Policy Advisor, British Dental Association
Claire May	Senior Lecturer in Pharmacy Practice, School of Pharmacy and Biomolecular Sciences, University of Brighton
Nick Masucci	Consultant Podiatrist (podiatric surgeon), Barts and the London
Michelle McCorry	Pharmaceutical Society of Northern Ireland
Maire McManus	Principal Pharmacist, Medicines Division – Antrim Area Hospital.
Eleri Mills	Queens Nurse, Senior Lecturer / Programme Leader – Non Medical Prescribing. School of Social and Life Sciences, Wrexham Glyndwr University, Wales.
Kuljit Nandhara	Lead Pharmacist at Birmingham and Solihull Mental Health Trust
Ruth Newton	For British Pharmaceutical Nutrition Group
JP Nolan	Royal College of Nursing
Laura O'Loan	Assistant Director for Distance Learning and Course Director Pharmacist Prescribing course, NI Centre for Pharmacy Learning and Development
Emma Pilkington	Cystic Fibrosis Physiotherapist
Celia Proudfoot	TB nurse specialist
Najia Qureshi	Head of Education and Professional Development, The British Dietetic Association

Bernadette Rae	Senior Lecturer Non-Medical Prescribing, School of Health & Social Care, London South Bank University
Martin C Richardson	HMP Garth Healthcare, Lancashire Care NHS Foundation Trust
Nicholas Rumney	MScOptom FCOptom DipTP(IP) ProfCertMedRet FAAO FEAOO FIACLE FBCLA. Federation of Ophthalmic and Dispensing Opticians (FODO)
Sharon Shaw	ELMS Clinical Lead Nurse, Safeguarding Lead, NMP lead
Suzie Shepherd	Lay patient representative. RCP PCN, BSR VICE CHAIR
Sam Sherrington	Association of Nurse Prescribing
Andrew Simpson	ANNP, Neonatal Intensive Care Unit, Royal Oldham Hospital
Doug Stirling	Programme Manager, Scottish Dental Clinical Effectiveness Programme, Dundee Dental Education Centre
Anne Trotter	Assistant Director: Education and Standards Education, Standards and Policy Directorate, Nursing and Midwifery Council
Kevin Wallace	The Association of Optometrists
Helen Ward	Associate Professor Non-Medical Prescribing, London South Bank University
Professor Cate Whittlesea	Professor of Pharmacy Practice, School of Medicine, Pharmacy and Health, Durham University
Lesley Woods	Nurse practitioner, urgent care, Burnley General
Sally Young	UHMB Quality Assurance Matron, Senior Clinical Leader/Nurse Practitioner, NMP Lead, University Hospitals Morecambe Bay NHS Trust

RPS TEAM MEMBERS

Dr Catherine Duggan	Director of Professional Development and Support
Ruth Wakeman	Assistant Director of Professional Development and Support

LITERATURE REVIEW

Miriam Gichuhi	Pharmacist Consultant
Barry Jubraj	Clinical Senior Lecturer in Medicines Optimisation, King's College London

CONSULTATION RESPONDENTS

RPS would like to thank all the individuals and organisations who sent in comments on the draft framework. In all 95 individuals and organisations responded to the consultation.

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain.

ROYAL PHARMACEUTICAL SOCIETY

Review of the standards for prescribers
Appendix D: Mapping of the standards for prescribing against the RPS Competency Framework for all Prescribers

Colour coding

N.B. the nature of this coding has been changed. Previously, it depicted level of **explicit correlation** between HCPC standards vs. the SCF, **or degree of interpretation required** to establish this. It is considered that this was not entirely helpful and the coding now reflects the **degree of overall alignment between the concepts, principles and requirements** in the HCPC standards vs. the SCF.

Green – Good congruence between the HCPC standard and concepts, principles and requirements in the SCF
Amber – The HCPC standard is not fully reflected in the SCF
Red – The HCPC standard is poorly or not reflected in the SCF

Key definitions

Pharmacology: this is the scientific study of characteristics, properties, uses and effects of drugs, particularly those that make them medically effective.

Pharmacodynamics: a branch of pharmacology concerned with the study of the action or effects of drugs on living organisms

Pharmacokinetics: a branch of pharmacology concerned with the study of the way medicines are taken into, move around and are eliminated from the body.

Therapeutics: the branch of medicine concerned with the treatment of disease or alleviating pain or injury.

Analysis

Section 1 – Standards for all prescribers

Standards for prescribing	Single competency framework	Commentary
1.1 understand pharmacodynamics, pharmacokinetics, pharmacology and therapeutics relevant to prescribing practice	**Pharmacokinetics, pharmacodynamics and pharmacology** 2.4, 2.5, 2.10, 4.1, 4.2 **Therapeutics** 2.1, 2.2, 2.10, 4.1, 4.2, 4.4, 4.11	The SCF demonstrates good congruence with this HCPC standard. Some terminology from the current standard, such as 'pharmacodynamics' and 'therapeutics', is not explicitly replicated in the SCF. However, the need for comprehensive knowledge of pharmacodynamics, pharmacokinetics, pharmacology and therapeutics is clear in the detail of the SCF. To facilitate smooth interpretation of the SCF, please see "key definitions" In some respects, the breakdown of these wide-ranging academic areas into more discrete competencies supports more reliable education and training and greater enforceability.
1.2 understand the legal context relevant to supplementary and independent prescribing, including controlled drugs, mixing of medicines, off-label prescribing of medicines and the prescribing of unlicensed medicines	4.11, 8.2, 8.3	The SCF demonstrates good congruence with this HCPC standard.

Standards for prescribing	Single competency framework	Commentary
1.3 understand the differences between prescribing mechanisms and supply / administration of medicines	8.2, 8.3, 10.2	**Prescribing mechanisms** Section 4.0 of the SCF, 'Scope of the Framework' sets out: "[The framework] applies equally to independent prescribers and to supplementary prescribers but the latter should contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship (see Glossary)." While this may not amount to a requirement to understand the differences between SP and IP, this should be encompassed by competency 8.3. Supplementary prescribing is also explicitly mentioned as one of the frameworks that should be understood. **Supply vs. administration of medicines** Again, this is widely covered by competency 8.3. However, arguably the lack of explicit mention in the framework is an oversight. While it seems a single and basic principle, supply and administration may involve different mechanisms (i.e. PSD and PGD). Colleagues within the same profession may have different mechanisms of prescribing, supply and administration rights available to them depending on their level of training. Appreciating these boundaries is crucial to responsible delegation within the multidisciplinary team.

Standards for prescribing	Single competency framework	Commentary
		Overall the omission is not sufficient to cause concern in adopting the SCF, and is addressed to some extent by SCF standard 10.2. However, we consider understanding of supply and administration mechanisms should be considered for explicit mention in future revisions to the framework.
1.4 be able to distinguish between independent and supplementary prescribing mechanisms and how those different mechanisms affect prescribing decisions	7.1, 8.2, 8.3, 10.2, 10.4	The SCF demonstrates good congruence with this HCPC standard. See commentary on HCPC standard 1.3, under "prescribing mechanisms". Also note an element of duplication between current HCPC standards 1.3 and 1.4: "understand the differences between […]" and "able to distinguish between independent and supplementary prescribing mechanisms".
1.5 be able to make a prescribing decision based on a relevant physical examination, assessment and history taking	**Relevant physical examination, assessment and history taking** 1.1, 1.2, 1.3, 1.4, 1.7 **Make a prescribing decision** 1.5, 1.6, 2 (all), 3.1, 3.2 4.2, 4.7, 8.4	The SCF demonstrates good congruence with this HCPC standard.

Standards for prescribing	Single competency framework	Commentary
1.6 be able to undertake a thorough, sensitive and detailed patient history, including an appropriate medication history	1.1, 1.7, 3.2, 3.4, 8.5	The SCF demonstrates good congruence with this HCPC standard.
1.7 be able to communicate information about medicines and prescriptions clearly with service users and others involved in their care	**Communicating information about medicines to service users and others involved in their care** 3.3, 4.13, 5 (all) **General/wider communication with service users and others involved in their care** 3.1, 3.5, 3.6	The SCF demonstrates good congruence with this HCPC standard.
1.8 be able to monitor response to medicines and modify or cease treatment as appropriate within professional scope of practice	2 (all), 6 (all), 7.1, 7.5	The SCF demonstrates good congruence with this HCPC standard.
1.9 be able to undertake medicine calculations accurately	4.6	The SCF demonstrates good congruence with this HCPC standard.
1.10 be able to identify adverse medicine reactions, interactions with	4.1, 4.2, 6.2, 6.3, 6.4	The SCF demonstrates good congruence with this HCPC standard.

Standards for prescribing	Single competency framework	Commentary
other medicines and diseases and take appropriate action		
1.11 be able to recognise different types of medication error and respond appropriately	6.4, 7.2, 7.6, 9.2	The SCF demonstrates good congruence with this HCPC standard.
1.12 understand antimicrobial resistance and the roles of infection prevention and control	2.10	The SCF demonstrates good congruence with this HCPC standard.
1.13 be able to develop and document a Clinical Management Plan to support supplementary prescribing	**Develop and document a Clinical Management Plan…** 3.1, 4.12, 4.13, 6.1 **…to support supplementary prescribing** 4.13, 10.1, 10.2, 10.4	See commentary on HCPC standard 1.3, under "prescribing mechanisms, re: section 4.0 of the SCF, 'Scope of the Framework'. While the SCF does not use the terminology "clinical management plan", it does make reference to formulating, documenting, amending and supporting delivery of a "plan" or "management plan". This correlation is deemed sufficient. While there is no explicit reference to ensuring that supplementary prescribing is appropriately supported, this principle is reflected in competencies 4.13, 10.1, 10.2 and 10.4. The SCF therefore demonstrates good congruence with this HCPC standard. **Re: DH comment, "practice guidance for each profession should also include SP" –** it should be

Standards for prescribing	Single competency framework	Commentary
		noted that as a regulator and not a professional body, we are concerned with setting standards and do not issue profession-specific practice guidance. Given that practice guidance is not within our remit or control, we need to ensure that information we do issue (which may include the SCF) appropriately supports professional standards across our professions.
1.14 understand the process of clinical decision-making and prescribing decisions within a Clinical Management Plan	1 (all), 2 (all), 3 (all), 4.3, 4.4, 4.8, 4.10, 6.1	See commentary on HCPC standard 1.13 re: terminology around "clinical management plan." The SCF demonstrates good congruence with this HCPC standard.
1.15 understand the relationship between independent and supplementary prescribers when using a Clinical Management Plan	8.3, 10 (all)	See commentary on HCPC standard 1.3, under "prescribing mechanisms, re: section 4.0 of the SCF, 'Scope of the Framework'. See commentary on HCPC standard 1.13 re: terminology around "clinical management plan." The SCF demonstrates good congruence with this HCPC standard.
1.16 be able to practise as a supplementary prescriber within an agreed Clinical Management Plan	7.1, 8.2, 8.3, 10 (all)	See commentary on HCPC standard 1.3, under "prescribing mechanisms, re: section 4.0 of the SCF, 'Scope of the Framework'. While there is an element of malalignment in how this principle is set out in the current HCPC standards and

Standards for prescribing	Single competency framework	Commentary
		the SCF, it is felt that the scope of the SCF and its competencies still offer sufficient control over this issue. It might be pertinent address/reiterate scope of practice considerations in any text used by the HCPC to defer to the SCF in their standards documents.
1.17 understand the legal framework that applies to the safe and effective use of Clinical Management Plans	8.3	The standard in the SCF that relates to understanding legal frameworks does not refer to clinical management plans. However, it is considered that it encompasses this in its wording.

Section 2 – Standards for independent prescribers only

Standards for prescribing	Single competency framework	Commentary
2.1 understand the process of clinical decision making as an independent prescriber	1 (all), 2 (all), 3 (all), 4.2, 4.3, 4.4, 4.5, 4.7, 4.8, 4.10, 6.1, 6.4, 7.1	See commentary on HCPC standard 1.3, under "prescribing mechanisms, re: section 4.0 of the SCF, 'Scope of the Framework'. The SCF demonstrates good congruence with this HCPC standard.
2.2 be able to practise autonomously as an independent prescriber	2.8, 7.1, 8.1, 8.2, 9.1, 10.3	In our guidance on health and character, the HCPC define an autonomous professional as "one who is independent enough to make decisions based on their own judgement." The SCF does not expressly stipulate a need for autonomy, but it is implied through the competencies.

Standards for prescribing	Single competency framework	Commentary
		The SCF therefore demonstrates good congruence with this HCPC standard.
2.3 understand the legal framework of independent prescribing as it applies to their profession	4.11, 8.2, 8.3	The SCF demonstrates good congruence with this HCPC standard.

Section 3 – Mapping of SCF competencies that are weakly reflected in the HCPC Standards for prescribing to the Standards of conduct, performance and ethics

Single competency framework	Standards of Conduct, Performance and Ethics
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	2.5, 3.2
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	3.4
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.	
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG5 and medicines management/optimisation) to own prescribing practice.	3.4
4.7 Considers the potential for misuse of medicines.	6.1
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).	3.3

4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.	3.4, 10.1
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.	
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.	2 (2.3, 2.4), 6.1, 6.2
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).	6.1
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.	3.4
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	3.3, 3.5