

IMPROVING PRESCRIBING PRACTICE AND COMPETENCE USING THE NATIONAL PRESCRIBING COMPETENCY FRAMEWORK

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Non Medical Prescribers Professional and Legal Summit – July 5th 2021 Virtual Summit

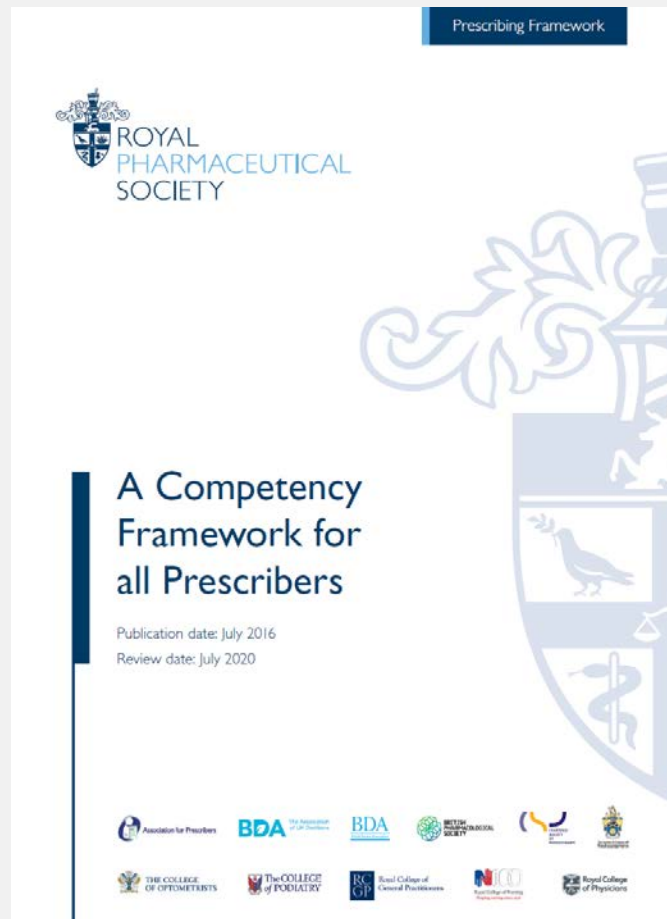
Royal Brompton
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Guy's and St Thomas'
NHS Foundation Trust



THE COMPETENCY FRAMEWORK



- **Purpose and uses of the framework....**
- ***‘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.’***
- ***‘Inform the development of education curricula and relevant accreditation of prescribing programmes for all prescribing professions.’***

PRESCRIBERS COMPETENCY FRAMEWORK

- First framework published by NICE (formally National Prescribing Centre) in 2012. Updated in 2019.
- Generic framework for any prescriber (independent or supplementary) regardless of their professional background
- It must be contextualised to reflect different areas of practice and levels of expertise
- The framework contains a competency on prescribing professionally, however, prescribers must consider how their own professional codes of conduct, standards and guidance apply to prescribing
- The framework helps HCPs to be safe, effective prescribers able to support patients to get the best outcome from their medicines



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

Within each of the ten competencies there are statements which describe the activity or outcomes prescribers should be able to demonstrate

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 have been developed following discussion of barriers to implementation during the public consultation process, these include:
 - FAQs
 - Downloadable word template version of the framework
 - PowerPoint presentation
 - Practice examples from organisations and individuals who have been using the competency framework

NON MEDICAL PRESCRIBERS ANNUAL DECLARATION OF COMPETENCE

I have reviewed my learning and development needs against the ten dimensions of the RPS Competency Framework for all Prescribers (2019) and I have documented one example below per competency dimension as evidence of competence and/or areas for development.

I have reflected on one of these competencies for discussion with my DMP/ Peer Equivalent NMP

Area to self-certify	YES / NO	Comments / Evidence/ Action to be undertaken if required
Reviewed Scope in line with current role and responsibilities		Scope extension required?
Circumstances impacting upon prescribing practice over past year discussed and addressed with line manager and/or DMP, practice supervisor and/or NMP Lead e.g. long-term sickness, maternity leave, change in role		If circumstances have not been discussed or addressed an action plan is required.
Participated in prescribing related CPD activities e.g. in-house forums, presentations, conference attendance, literature read or reviewed, attended medicines related committee		
Applied professionalism to all aspects of practice in line with professional code, standards and guidance		
Received clinical supervision or opportunities to reflect in relation to prescribing / opportunities to discuss prescribing decision making		
Participated in clinical audit, quality improvement or service development activities relating to prescribing area		

The Consultation	1. Assess the patient	Evidence of competence / Areas for development
	2. Consider the options	Evidence of competence / Areas for development:
	3. Reach a shared decision	Evidence of competence / Areas for development
	4. Prescribe	Evidence of competence / Areas for development

Prescribing Governance	5. Provide information	Evidence of competence / Areas for development
	6. Monitor & Review	Evidence of competence / Areas for development
	7. Prescribing safely	Evidence of competence / Areas for development
	8. Prescribe professionally	Evidence of competence / Areas for development
	9. Improve prescribing practice	Evidence of competence / Areas for development
	10. Prescribe as part of a team	Evidence of competence / Areas for development

- **Declaration**
- My job description includes a prescribing statement
- I have read the Royal Pharmaceutical Society (RPS) publication 'A Competency Framework for all Prescribers 2019'
- I have reviewed my competence and accurately reflected on my on-going development needs
- I have discussed this declaration and my reflection with my DMP or peer equivalent non-medical prescriber or practice assessor
- I will discuss this declaration at my annual appraisal
- I have the knowledge and skills to safely prescribe within the level of my experience and competence, and I will act in accordance with the professional and ethical frameworks described by my professional body
- I have read the RBHT Non-Medical Prescribing Policy
- I have attended the mandatory minimum of 50% of in house forums / CPD sessions
- **Prescribers Signature:**
- **Date:**
- **DMP or Peer Name and Signature:**
- **Date:**
- **Acknowledged by Line Manager:**
- **Line Managers Printed Name:**
- **Line Managers Signature:**
- **Date:**

USES OF THE FRAMEWORK

- Curriculum development
- Support CPD
- Preparation to prescribe
- Assess training needs
- Revalidation
- Governance
- Inform standards, guidance and advice
- Underpin professional responsibility
- Harmonise education in prescribing

CLINICAL GOVERNANCE



PRESCRIBING GOVERNANCE

- Dimensions 7, 8, 9 and 10 of the competency framework
 - Prescribe safely
 - Prescribe professionally
 - Improve prescribing practice
 - Prescribe as part of a team

ACCOUNTABILITY

All nurses must:-

- be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal
- practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary

WHAT IS COMPETENCY?

Competence may refer to:

- [Competence \(biology\)](#) the ability of a cell to take up DNA
- [Competence \(geology\)](#) the resistance of a rock against either erosion or deformation
- [Competence \(human resources\)](#) a standardized requirement for an individual to properly perform a specific job
- [Competence \(law\)](#) the mental capacity of an individual to participate in legal proceedings
- [Jurisdiction](#) the authority of a legal body to deal with and make pronouncements on legal matters and, by implication, to administer justice within a defined area of responsibility
- [Linguistic competence](#) the ability to speak and understand language.
- [Communicative competence](#) the ability to speak and understand language.

COMPETENCY

- Definition;
Knowledge, skills, motives and personal traits
- Collins English Dictionary;
'The condition of being capable, ability'
- What is a competency Framework?
A collection of competencies thought to be central to effective performance

COMPETENCY

- Demonstrating competence is familiar to HCPs
- Benner – ‘Novice to Expert’
- Medical model - ‘See one, do one, teach one’
- Development of skills
- Confidence

Benner P (1984) From Novice to Expert: excellence and power in clinical nursing practice

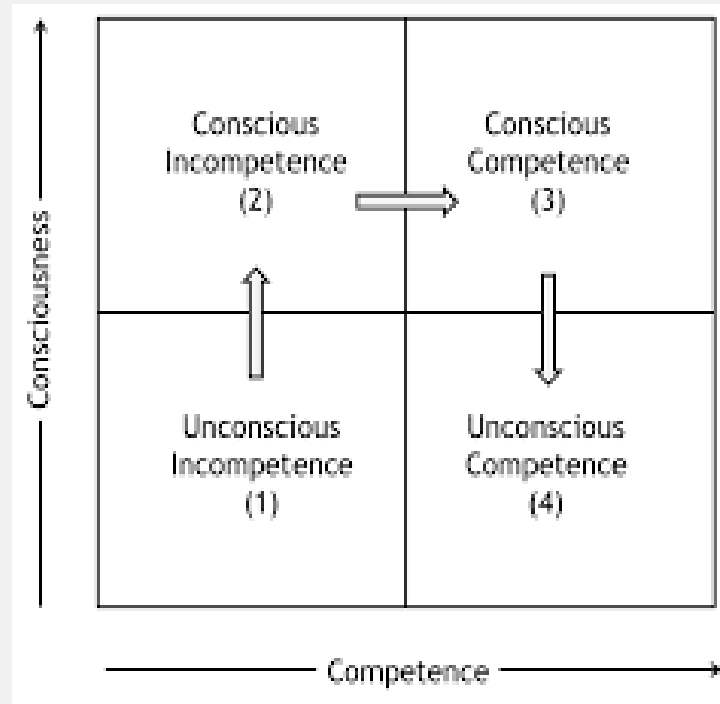
WHY IS COMPETENCY IMPORTANT?

- Maintains standards
- Measurable
- Facilitates good practice
- Patient safety
- Organisational accountability/liability
- Professional accountability

CONSCIOUS COMPETENCE

STAGE 2: after observation, is able to articulate & focus on achieving gaps in learning i.e. what they don't know. Action planning, assignments, simulated & supervised practice & critical reflection will enable achievement of learning & competence

STAGE 1: unable to articulate learning needs & gaps in learning as unfamiliar with competencies required for prescribing. Exposure to complex knowledge & skills of prescribing theory & observation of prescribing practice will develop better awareness of the expected competencies



STAGE 3: demonstrates attainment of prescribing knowledge, skills & learning outcomes. Works safely & competently within own prescribing boundaries & within required legislation, standards & competencies. Is fully conscious of own ongoing CPD requirements as a future NMP

STAGE 4: non-medical prescribing practice is internalised & demonstrates that this is more easily integrated into their holistic practice within own professional & prescribing boundaries

ASSESSING COMPETENCE

- How can this be measured?
 - Competency statements
 - Performance review
 - DMP/DPP discussion
 - Audit

AUDIT

Ward round spreadsheet - Excel

AutoSave Off

File Home Insert Page Layout Formulas Data Review View Help Search

Clipboard Font Alignment Number Styles Cells Editing Ideas

Share Comments

Calibri 11

General

Primary PCI

No.	Date	Hospital No	Procedure urgency	Procedure	First operator	Second operator	Medication changes	Drugs changed	Discussed with medical staff	Reason for discussion	Other referral	Discharge today	Data exported to Info Flex	Not
e.g.	01-Jan-15		Primary	Primary PCI	MM	Rob	Yes	Ramipril	Yes	In AF	FH Screening	Yes	Yes	See
1	07-Jan-20		Elective	Elective PCI	TK	Naeema	No		No			Yes	No	
2	07-Jan-20		Elective	Elective PCI	TK	Naeema	No		No		No	Yes	No	
3	07-Jan-20		Elective	Elective PCI	TK	Haseeb	No		No		No	Yes	No	
4	08-Jan-20		Elective	Elective PCI	TK	Naeema	No		No		No	Yes	No	Kept
5	08-Jan-20		Elective	Elective PCI	GR	None	Yes	GTN spray	No		No	Yes	No	
6	09-Jan-20		Elective	Elective PCI	TK	Naeema	Yes	Nicorandil stopped	No		No	Yes	Yes	
7	10-Jan-20		Primary	Primary PCI	TK	Gareth	No		No		No	Yes	No	
8	13-Jan-20		Primary	Primary PCI	CI	Naeema	Yes	Stop Enoxaparin	No		No	Yes	Yes	
9	13-Jan-20		Primary	Primary PCI	MCD	Mohamed	Yes	Stop Lansoprazole	No		No	Yes	No	
10	13-Jan-20		Primary	Primary PCI	MCD	Mohamed	Yes		No		No	Yes	No	See
11	13-Jan-20		Primary	Primary PCI	JCD	Naeema	Yes		No		No	Yes	Yes	See
12	14-Jan-20		Primary	Primary PCI	MCD	Naeema	Yes		No		Social Worker	Yes	No	See
13	14-Jan-20		Primary	Primary PCI	MCD	Naeema	No		No		No	Yes	Yes	
14	15-Jan-20		Elective	Elective PCI	MCD	VP	Yes	Lansoprazole 30mg od	No		No	Yes	No	
15	15-Jan-20		Primary	Primary PCI	MCD	Mohamed	Yes	Stop Enoxaparin	No		No	Yes	No	
16	16-Jan-20		Primary	Primary PCI	RGM	Kyle	Yes		No		No	Yes	No	See
17	16-Jan-20		Elective	Elective PCI	TK	None	Yes		Yes	? Aspirin allergy	No	Yes	No	See
18	21-Jan-20		Primary	Primary PCI	WM	None	No		No		FH Screening	Yes	No	
19	21-Jan-20		Elective	Elective PCI	TK	Naeema	Yes		No		No	Yes	No	See
20	21-Jan-20		Primary	Primary PCI	WM	Sawas	Yes		No		No	Yes	No	See
21	22-Jan-20		Primary	Primary PCI	WM	Sawas	No		No		No	Yes	No	
22	22-Jan-20		Primary	Primary PCI	CI	Gareth	Yes		No		No	Yes	No	See
23	23-Jan-20		Primary	Primary PCI	CI	Gareth	Yes	Stop Amlodipine	No		No	Yes	No	
24	28-Jan-20		Elective	Elective PCI	TK	None	Yes		No		No	Yes	No	See
25	31-Jan-20		Primary	Primary PCI	VP	Haseeb	Yes		No		No	Yes	Yes	See
26	03-Feb-20		Primary	Primary PCI	GR	Naeema	No		No		No	No	No	
27	03-Feb-20		Primary	Primary PCI	TK	Haseeb	Yes	NRT	Yes	Change antibiotics	Hf team	No	Yes	
28	03-Feb-20		Primary	Primary PCI	VP	Gulrays	Yes	↓ Atorvastatin to 40mg	No		No	No	No	
29	04-Feb-20		Primary	Primary PCI	GR	Naeema	Yes		No		No	Yes	No	See
30	04-Feb-20		Primary	Primary PCI	TK	Haseeb	No		Yes	IET results	No	Yes	Yes	

Data-2018 Summary-2018 Data-2019 Summary-2019 Data-2020 Summary-2020 Data-2021

DEVELOPING CONFIDENCE IN PRESCRIBING PRACTICE

‘Self reported confidence in prescribing skills correlates poorly with assessed competence in fourth-year medical students’

(Brinkman et al 2015; Clinical Therapeutics Vol 37; e1)

INFLUENCES ON PRESCRIBING

- 'Prescribing is a complex skill that is high risk and error prone, with many factors influencing its practice, whether contextual or psychological'

(Lewis et al 2014)

- Confidence
- Time since qualifying
- Training
- Continuous practice
- Multidisciplinary support
- Use of formularies or guidelines

SUPPORTING NURSE PRESCRIBERS TO USE THE FRAMEWORK

- Lead by example
- Role of the DMP/DPP;
 - Critical and highly responsible for educating and assessing NMPs
 - Ascertains whether the trainee NMP has met the necessary learning outcomes and acquired competencies and continues to practice to the correct level

MY PRESCRIBING STORY

- PGDs
- Qualified as non medical prescriber 2005
- Initially supplementary prescribing
- Independent prescribing

MY PRESCRIBING PRACTICE

- Rapid Access Chest Pain Clinic
- Ward rounds
- Preadmission clinics
- Post PCI clinics
- Day case unit
- Lipoprotein apheresis unit
- Other outpatient clinics

CASE STUDY

- 60 year old man admitted with acute anterior MI
- PMH – smoker, hypertension, raised cholesterol (not on treatment)
- Reviewed on ward round 36 hours after admission
- Current prescription;
 - Aspirin 75mg od
 - Ticagrelor 90mg bd
 - Bisoprolol 1.25mg od
 - Ramipril 1.25mg od
 - Atorvastatin 80mg od
 - Amlodipine 5mg od
 - GTN spray PRN

CASE STUDY

- BP 140/90, heart rate 65bpm
- Changes to medication;
 - Increase Bisoprolol to 2.5mg od
 - Increase Ramipril to 2.5mg od
 - Stop Amlodipine
- Ask GP to up titrate Ramipril and Bisoprolol further
- Education regarding need to continue medication

PRESCRIBING GOVERNANCE

- Prescribing safely
- Prescribing professionally
- Improving prescribing practice
- Prescribing as part of a team

CASE STUDY

- 52 year old male reviewed on the ward round
- Admitted with lateral STEMI 24-hours previously
- PMH – lateral STEMI 2013, ex smoker, raised cholesterol
- Current medication
 - Aspirin 75mg od
 - Ticagrelor 90mg bd
 - Atorvastatin 80mg od
 - Ramipril 2.5mg od
 - Bisoprolol 1.25mg od
 - Omeprazole 20mg od

RELATING THE FRAMEWORK TO PRACTICE

- Discussion with patient regarding his medication
- He stopped taking all previously prescribed medication 2-years ago
- Patient views on medication explored
- Myths busted!
- Medication plan agreed

The Consultation

1. Assess the patient
2. Consider the options
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IMPACT OF NMP ON PATIENT CARE

- Improved access to medications
- Timely prescribing
- Developing/advancing nursing and AHP roles
- Nurse-led services
- Ability to devolve medical care
- Improved patient experience
- Improved adherence to guidelines?

IMPACT OF NMP ON MY ROLE

- Autonomy
- Enables total patient management
- Affect on workload
- Improvement in knowledge
- Facilitated the expansion of other nursing roles

MEDICINES ADHERENCE

- Drugs will only work if they are taken!
- Adequate information regarding the role of medication is essential
- Patients believe what they read in the newspapers
- Must take patients view into account
- Partnership between the prescriber and the patient

What the newspapers say

- ***'Statins have 'no consistent evidence' of improving heart attack patients' survival: Taking a pill every day for five years adds just FOUR DAYS to your life'***
- ***'Are statins overprescribed? Study warns the risks of the controversial drugs outweigh the benefits for millions of heart patients'***

15p OFF TOMORROW'S DAILY EXPRESS
 SAVE UP A WEEK ON YOUR DAILY & SUNDAY EXPRESS. SEE PAGE 11

DAILY EXPRESS
 THE WORLD'S GREATEST NEWSPAPER ESTABLISHED 1862 WEATHER: SUNNY AND WINDY FRIDAY MAY 21, 2010 45c

Boyzone star Ronan Keating splits from wife after 12 years
SEE PAGE THREE

Shares hit in panic over euro
SEE PAGE SEVEN

STATINS CAN BE RISK TO HEALTH
But drug is still a life saver

HEART drugs used by millions of patients risk disease, **STATINS**, **Share** damage and **kidney** failure, according to new research.

STATINS have been found to be a weaker drug for clearing cholesterol and preventing some of the symptoms of heart attack and stroke.

But trials to determine if statins are worth the cost have not yet started. The drug may be worth the cost, but it is not clear if it is worth the cost.

STATINS are taken by six million Britons to prevent heart disease. They are also used to treat high cholesterol, diabetes, and other conditions. They are also used to treat high cholesterol, diabetes, and other conditions.

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DAILY EXPRESS
 THE WORLD'S GREATEST NEWSPAPER ESTABLISHED 1862 WEATHER: SUNNY THURSDAY JANUARY 21, 2010 50c

STILL 10p
 CHEAPER THAN THE DAILY MAIL AND 15p CHEAPER THAN THE DAILY MIRROR AND THE TIMES

MAY WILL STOP EU BID TO DERAIL BREXIT
SEE PAGE 7

ASTHMA THE TOP 10 MYTHS YOU MUST IGNORE
yourHealth SEE PAGE 26

STATINS IN NEW HEALTH ALERT

Millions should not be taking them say experts

Princess Eugenie to marry ex-waiter in fairytale Windsor wedding

Jack Brooksbank and Princess Eugenie announced their engagement yesterday
SEE PAGE 5

SUNDAY EXPRESS
 WITH 9 MAGAZINE, SPORT, FINANCE, REVIEW, TRAVEL & PROPERTY OCTOBER 18, 2010 £1.40

INSIDE ALL THE LATEST SPORTS ACTION
SOPHIE WESSEX INTERVIEW & £1,000 CROSSWORD

FREE WILD BIRD SEED
 SEE PAGE 49 AND PICK YOURS UP TODAY AT POLINA STREET

STATINS ADD A MERE 3 DAYS TO LIFE

Benefits of heart drugs 'exaggerated and patients misled'

EXCLUSIVE
 In **Larry J. Goldstein**'s research, the controversial heart drug, add only three days to a patient's life, research reveals. The study contradicts the widely held view that they save lives and last night health reports demanded a radical rethink.

Pupils warned of evil clown gang

THOUSANDS of children have been warned of an "evil clown gang" that is said to be lurking in the shadows. The gang is said to be made up of people who are dressed as clowns and who are said to be targeting children. The gang is said to be made up of people who are dressed as clowns and who are said to be targeting children.

Beckhams set to buy a village!
ADAM HELLIKER EXCLUSIVE
SEE PAGE 3

SUMMARY

- The single prescribing competency framework can be used throughout the prescribing journey
- The framework is also a useful tool for revalidation and ongoing governance
- Competencies surrounding governance are equally important to those around the consultation
- Prescribing competency needs to be monitored and reviewed on a regular basis



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