# What is it?

A generic framework for all prescribers but it must be contextualised

Sets out what good prescribing looks like

A structure which describes the demonstrable knowledge, skills, characteristics, qualities and behaviours central to a safe and effective performance in a prescribing role

# Why do we need it?

To provide a common set of competencies which underpin prescribing regardless of professional background

To bring professions together and harmonise education for prescribers

To support all prescribers in prescribing safely and effectively

To inform and improve practice, development, standard of care and safety (for both the prescriber and patient)

# Why did we need a revision?

Since the 2016 framework, there have been various changes which needed to be included in the update of the framework these include:

Legislation changes introducing paramedic prescribers in April 2018

Current prescribing topics such as remote prescribing, social prescribing, psychosocial assessment and eco-directed sustainable prescribing

Publication of the RPS Competency Framework for Designated Prescribing Practitioners in December 2019

# Who is it for?

All regulators, professional bodies, education providers, prescribing professions and patients/carers to use

Any prescriber at any point in their career

Independent prescribers, community practitioner nurse prescribers and supplementary prescribers

# Who was involved?

# How can it be used?

As a self-assessment tool

To inform standards, the development of education, and to inform guidance and advice

To demonstrate delivery of the competencies required of the role

Further examples of uses can be found on the RPS website:
**https://www.rpharms.com/cfap**

# When was it published?

National Prescribing Centre/NICE published 'A single prescribing competency'

RPS updated framework

| 2012 | 2016 | 2021 |

RPS published as 'A competency framework for all prescribers'

**The new framework needs to implemented by September 2022**

**Next review date: September 2026**

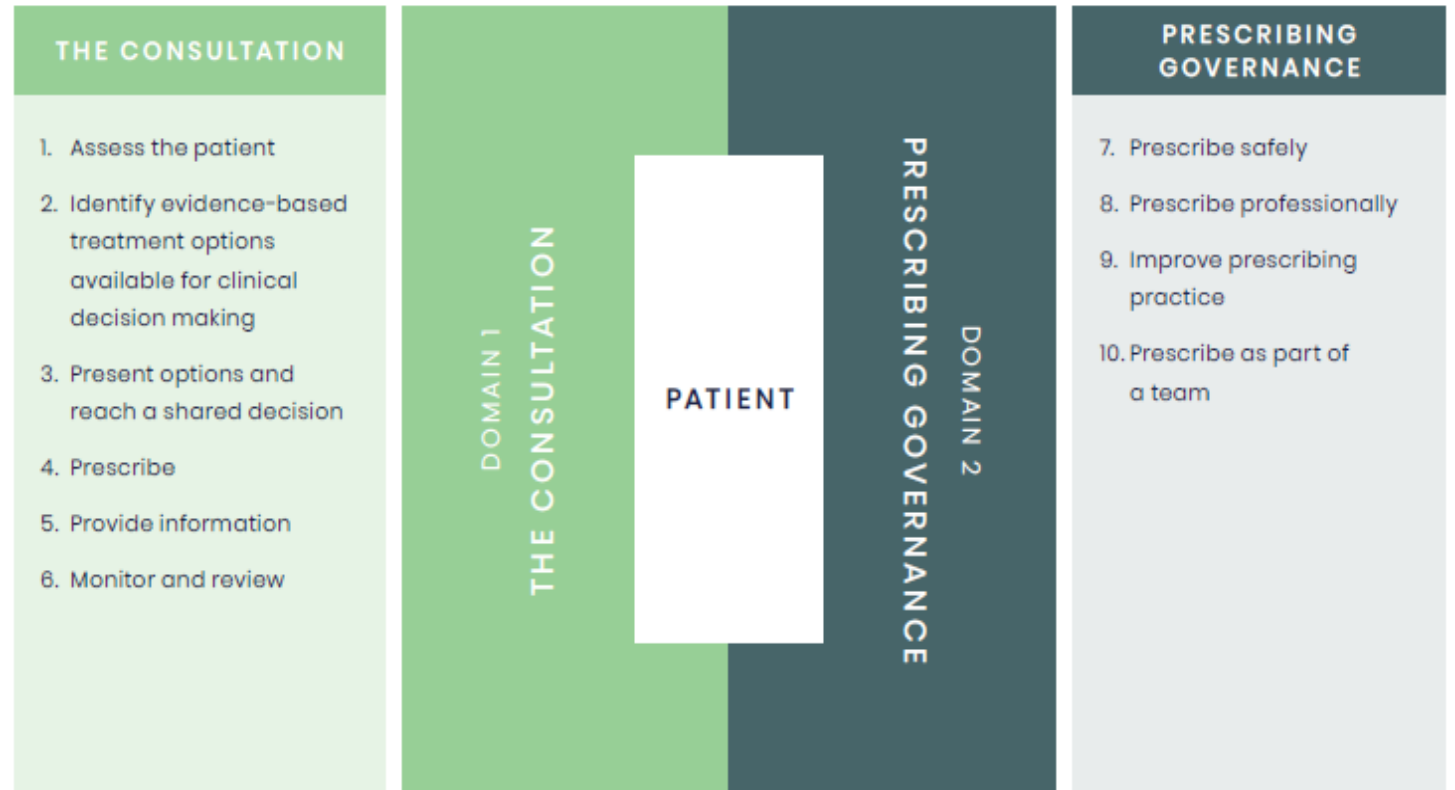ROYAL PHARMACEUTICAL SOCIETY

A Competency Framework
for all Prescribers

PUBLISHED: SEPTEMBER 2021
EFFECTIVE DATE: SEPTEMBER 2022
REVIEW DATE: SEPTEMBER 2026

# Structure of the framework

TWO DOMAINS

⬇

COMPETENCY AND SUPPORTING STATEMENTS

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FURTHER INFORMATION

**Figure 1:**

**The Competency Framework for all Prescribers**

## THE CONSULTATION

1. Assess the patient

2. Identify evidence-based treatment options available for clinical decision making

3. Present options and reach a shared decision

4. Prescribe

5. Provide information

6. Monitor and review

DOMAIN 1
THE CONSULTATION

PATIENT

PRESCRIBING GOVERNANCE
DOMAIN 2

## PRESCRIBING GOVERNANCE

7. Prescribe safely

8. Prescribe professionally

9. Improve prescribing practice

10. Prescribe as part of a team

# 1. Assess the patient

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| **1.1** Undertakes the consultation in an appropriate setting. |
| **1.2** Considers patient dignity, capacity, consent and confidentiality. |
| **1.3** Introduces self and prescribing role to the patient/carer and confirms patient/carer identity. |
| **1.4** Assesses the communication needs of the patient/carer and adapts consultation appropriately. |
| **1.5** Demonstrates good consultation skills and builds rapport with the patient/carer. |
| **1.6** Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances. |
| **1.7** Undertakes and documents an appropriate clinical assessment. |

# 1. Assess the patient

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| **1.8** Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment. |
| **1.9** Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date. |
| **1.10** Requests and interprets relevant investigations necessary to inform treatment options. |
| **1.11** Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis). |
| **1.12** Understands the condition(s) being treated, their natural progression, and how to assess their severity, deterioration and anticipated response to treatment. |

# 1. Assess the patient

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| **1.13** Reviews adherence (and non-adherence) to, and effectiveness of, current medicines. |
| **1.14** Refers to or seeks guidance from another member of the team, a specialist or appropriate information source when necessary. |

# 2. Identify evidence-based treatment options available for clinical decision making

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| **2.1** Considers both non-pharmacological and pharmacological treatment approaches. |
| **2.2** Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing). |
| **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 pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors. |
| **2.5** Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options. |

# 2. Identify evidence-based treatment options available for clinical decision making

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| **2.6** Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration. |
| **2.7** Accesses, critically evaluates, and uses reliable and validated sources of information. |
| **2.8** Stays up to date in own area of practice and applies the principles of evidence-based practice. |
| **2.9** Considers 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. |

# 3. Present options and reach a shared decision

**3.1** Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preferences.

**3.2** Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence.

**3.3** Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice.

# 3. Present options and reach a shared decision

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| **3.4** Assesses adherence in a non-judgemental way; understands the reasons for non-adherence and how best to support the patient/carer. |
| **3.5** Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied. |
| **3.6** Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber. |

# 4. Prescribe

**4.1** Prescribes a medicine or device with up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects.

**4.2** Understands the potential for adverse effects and takes steps to recognise, and manage them, whilst minimising risk.

**4.3** Understands and uses relevant national, regional and local frameworks for the use of medicines.

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

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

**4.6** Prescribes appropriate quantities and at appropriate intervals necessary to reduce the risk of unnecessary waste.

# 4. Prescribe

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| **4.7** Recognises potential misuse of medicines; minimises risk and manages using appropriate processes. |
| **4.8** Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines. |
| **4.9** Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements. |
| **4.10** Effectively uses the systems necessary to prescribe medicines. |
| **4.11** Prescribes unlicensed and off-label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. |
| **4.12** Follows appropriate safeguards if prescribing medicines that are unlicensed, off-label, or outside standard practice. |

# 4. Prescribe

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| **4.13** Documents accurate, legible and contemporaneous clinical records. |
| **4.14** Effectively and securely communicates information to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings. |

# 5. Provide information

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| **5.1** Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information. |
| **5.2** Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan. |
| **5.3** Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment. |
| **5.4** Ensures 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 timeframe. |
| **5.5** Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition. |

# 6. Monitor and review

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| **6.1** Establishes and maintains a plan for reviewing the patient's treatment. |
| **6.2** Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects. |
| **6.3** Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences. |
| **6.4** Recognises and reports suspected adverse events to medicines and medical devices using appropriate reporting systems. |

# 7. Prescribe safely

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| **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 and prescribing errors, and knows how to minimise their risk. |
| **7.3** Identifies and minimises potential risks associated with prescribing via remote methods. |
| **7.4** Recognises when safe prescribing processes are not in place and acts to minimise risks. |
| **7.5** Keeps up to date with emerging safety concerns related to prescribing. |
| **7.6** Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice to prevent recurrence. |

# 8. Prescribe professionally

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| **8.1** Ensures confidence and competence to prescribe are maintained. |
| **8.2** Accepts personal responsibility and accountability for prescribing and clinical decisions, and understands the legal and ethical implications. |
| **8.3** Knows and works within legal and regulatory frameworks affecting prescribing practice. |
| **8.4** Makes prescribing decisions based on the needs of patients and not the prescriber's personal views. |
| **8.5** Recognises and responds to factors that might influence prescribing. |
| **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** Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.

**9.2** Acts upon inappropriate or unsafe prescribing practice using appropriate processes.

**9.3** Understands and uses available tools to improve prescribing practice.

**9.4** Takes responsibility for own learning and continuing professional development relevant to the prescribing role.

**9.5** Makes use of networks for support and learning.

**9.6** Encourages and supports others with their prescribing practice and continuing professional development.

**9.7** Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine.

# 10. Prescribe as part of a team

**10.1** Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all 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 the patient's care.

**10.3** Agrees the appropriate level of support and supervision for their role as a prescriber.

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

For further details on the framework including the further information sections and glossary terms, please see RPS website: **https://www.rpharms.com/cfap**