

Self-assessment, reflection and audit of prescribing practice against the ten competency dimensions

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Non Medical Prescribers' Professional and Legal Summit – 4th July 2022 Virtual Meeting

Royal Brompton
and Harefield



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Overview

- Supporting prescribers to undertake reflection
- Self assessment of prescribing practice
- Learning from prescribing practice
- Audit of prescribing practice
- Why are prescribers not using their prescribing qualification?
- Prescribing governance and accountability
- Case study

Reflective practice

- Reflective practice is the ability to reflect on one's actions so as to engage in a process of continuous learning

Donald Schon

Reflective practice

- Personal thing – different people define it different ways
- No one 'correct way' to define reflection or how it should be done
- Depends on individual circumstances

Benefits of reflection

- Allows you to look at the bigger picture
- Helps with 'self-talk' – the little voice inside our head
- Identifies areas to improve or develop
- Can help you be more creative and to try new things
- Can help challenge assumptions about people and situations and see things from a new perspective
- Key part of emotional intelligence is the ability to understand and remain in control of our emotions
- Helps maintain a healthy work-life balance by offering a defined process for thinking things through

How to reflect

- No one magic formula
 - Out-loud
 - Privately
 - Write reflections down
 - Group reflection

Ideally reflect regularly to get into the habit and build on what you learn

Questions to ask

What did I learn?

I wonder what would happen if?

How can I improve in the future?

What do I need to learn more about?

What was easy?

Why did I feel the way I did?

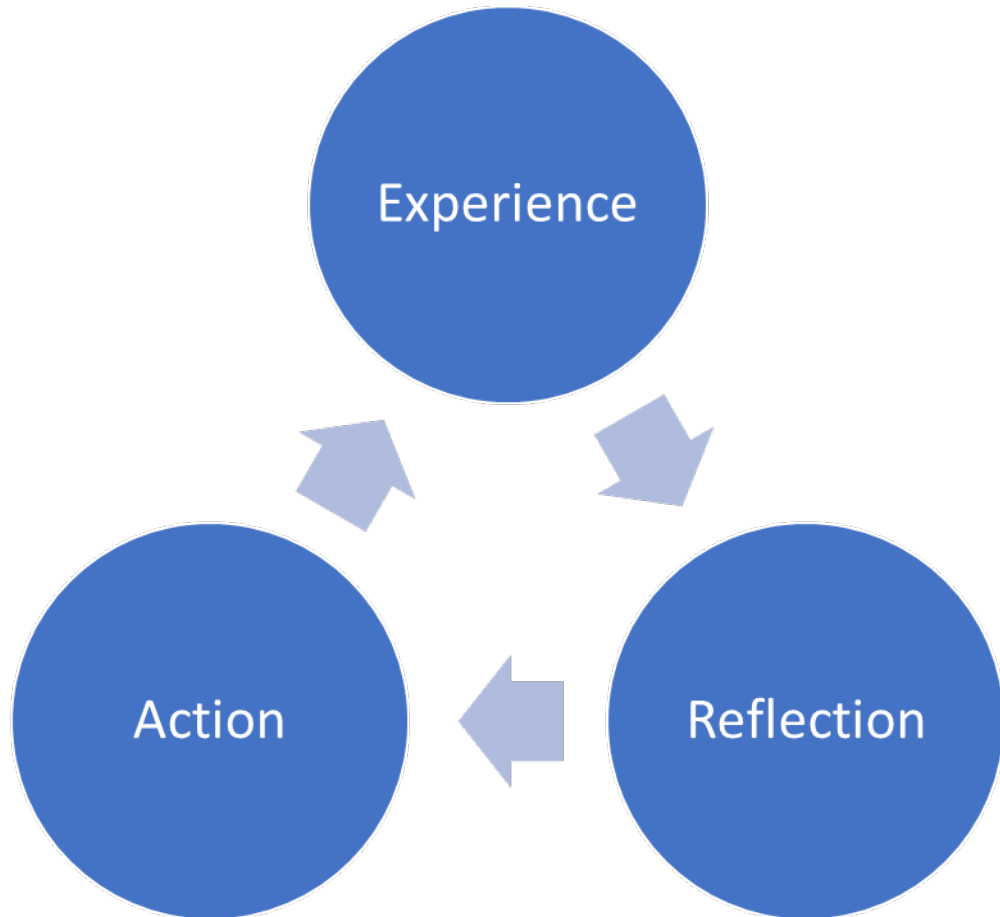
What was difficult?

What went badly?

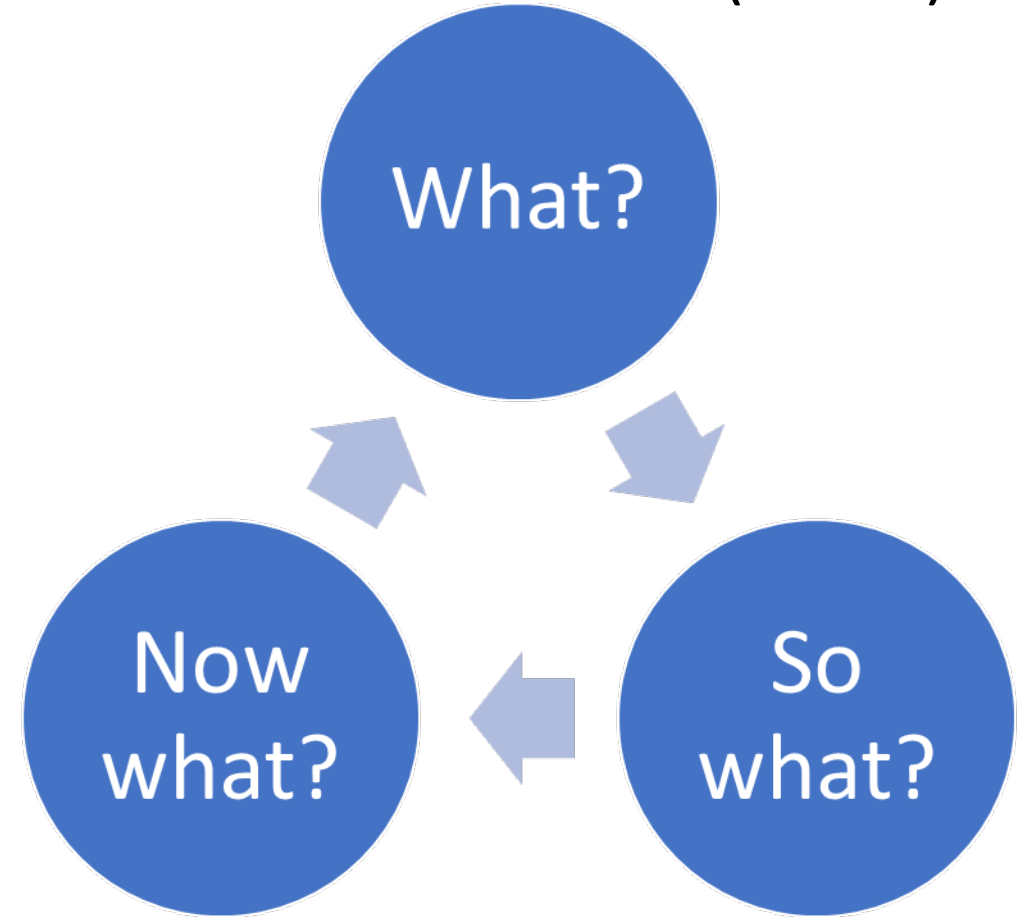
What went well?

Models for reflection

- ERA Cycle (Jasper 2013)

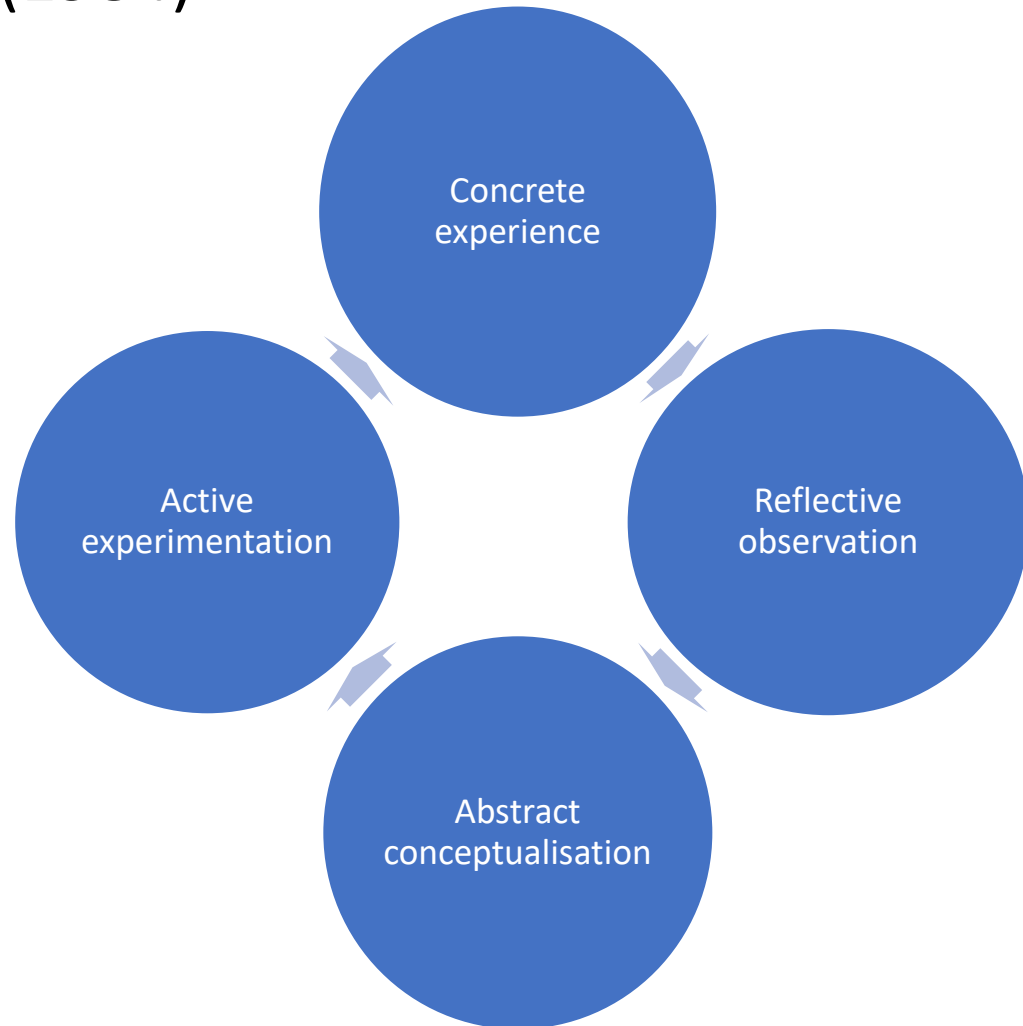


- Driscoll's What Model (1990s)



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- Kolb's Experiential Learning Cycle (1984)



- Gibb's Reflective Cycle



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Pros and Cons of reflective practice models

Pros

- Offer a structure to be followed
- Provide a useful starting point for those unsure where to begin
- Allow you to assess all levels of a situation
- You will know when the process is complete

Cons

- Imply that steps must be followed in a defined way
- In the real world you may not start 'at the beginning'
- Models may not apply in every situation
- Reflective practice is a continuous process

Barriers to reflection

- No time
- Organisational culture
- Lack of skill
- Environment
- Motivation
- Yourself

Overcoming barriers

- Set aside regular time to reflect
- Use automated tools to help record your thoughts
- Try to minimise distractions when you are trying to reflect
- Try to get support from managers/supervisors for time to reflect
- Experiment to find the right environment to reflect
- Remember why you are reflecting – write a goal

Relating reflection to prescribing practice

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

Prescribing Governance

1. Prescribe safely
2. Prescribe professionally
3. Improve prescribing practice
4. Prescribe as part of a team

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 (2016) 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 2016'
- 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:**

Measuring impact

- Don't need to justify role
- Audit measures benefit of non medical prescribing
- Adherence to guidelines can be measured
- Evidence for expansion in non medical prescribing
- Facilitates reflection

Audit

Ward Round 2021

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	Notes
e.g.	01-Jan-15		Primary	Primary PCI	MM	Rob	Yes	Ramipril	Yes	In AF	FH Screening	Yes	Yes	See diary
1	07-Jan-21		Primary	Primary PCI	JR	Nishan	No		No		FH Screening	Yes	No	
2	11-Jan-21		Primary	Primary PCI	GR	Nishan	Yes		No		No	No	No	See diary for meds
3	11-Jan-21		Primary	Primary PCI	RS	Nishan	Yes		No		No	No	No	See diary for meds
4	11-Jan-21		Primary	Primary PCI	RS	Nishan	Yes		No		No	No	No	
5	11-Jan-21		Primary	Primary PCI	GR	Nikhil	Yes		No		No	No	No	
6	13-Jan-21		Primary	Primary PCI	TK	None	Yes	NRT	No		No	Yes	No	
7	13-Jan-21		Primary	Angiogram	GR	None	No		No		No	No	N/A	
8	18-Jan-21		Primary	Primary PCI	TK	None	Yes		Yes	AF management	No	No	No	See diary for meds
9	18-Jan-21		Primary	Primary PCI	MCD	None	Yes	↑Lansoprazole to 30mg	Yes	Bystander disease	No	No	No	
10	19-Jan-21		Primary	Primary PCI	TK	None	No		No		No	No	No	
11	19-Jan-21		Primary	Primary PCI	RS	Asrar	Yes	Stop Nicorandil	No		No	Yes	No	
12	19-Jan-21		Primary	Primary PCI	De Silva	Naeema	No		No		No	Yes	Yes	
13	19-Jan-21		Primary	Primary PCI	MCD	None	Yes	Stop Amlodipine	No		No	No	No	
14	26-Jan-21		Primary	Primary PCI	WM	Nishan	Yes		Yes	Raised WCC	No	No	No	
15	26-Jan-21		Primary	Primary PCI	VP	Jiliu	Yes	↑Ramipril to 5mg od	No		No	Yes	No	
16	04-Feb-21		Elective	Elective PCI	TK	Nishan	No		No		Other	Yes	No	U/S groin
17	04-Feb-21		Primary	Primary PCI	TK	Sawas	Yes	Regular meds	No		No	No	No	
18	15-Feb-21		Primary	Primary PCI	RS	Nishan	No		No		No	Yes	No	
19	17-Feb-21		Primary	Primary PCI	TK		Yes		No		No	Yes	No	See diary for meds
20	18-Feb-21		Primary	Primary PCI	WM	Naeema	Yes		No		No	Yes	No	See diary for meds
21	18-Feb-21		Primary	Primary PCI	RS	Nishan	Yes	Lansoprazole 30mg od	No		No	Yes	No	
22	18-Feb-21		Primary	Primary PCI	WM	Nishan	No		No		No	No	No	
23	19-Feb-21		Primary	Primary PCI	Naeema	Maria	Yes		No		No	No	No	See diary for meds
24	19-Feb-21		Primary	Primary PCI	WM	Nishan	No		No		No	No	No	
25	19-Feb-21		Primary	Primary PCI	WM	Nishan	Yes		No		No	Yes	No	See diary for meds
26	22-Feb-21		Primary	Primary PCI	GR	Maria	Yes	↓Bisoprolol to 1.25mg	No		No	Yes	No	
27	22-Feb-21		Primary	Primary PCI	GR	Maria	No		No		No	Yes	No	
28	22-Feb-21		Primary	Primary PCI	RS	Naeema	Yes	↓Atorvastatin to 40mg	No		No	No	No	
29	23-Feb-21		Primary	Primary PCI	VP	Maria	Yes		No		No	No	No	See diary for meds
30	23-Feb-21		Primary	Primary PCI	TK	CI	Yes		No		No	Yes	No	See diary for meds
31	23-Feb-21		Primary	Primary PCI	VP	Naeema	Yes		No		No	No	No	See diary for meds
32	23-Feb-21		Primary	Primary PCI	WM	Naeema	No		No		No	No	No	
33	25-Feb-21		Primary	Primary PCI	GR	Nishan	Yes	↓Atorvastatin to 40mg	No		No	No	No	
34	25-Feb-21		Primary	Primary PCI	GR	Nishan	Yes	↑Ramipril to 5mg od	No		No	Yes	No	
35	25-Feb-21		Primary	Primary PCI	TK	None	Yes	NRT	No		FH Screening	No	No	
36	25-Feb-21		Primary	Primary PCI	WM	Nishan	No		No		No	No	No	
37	26-Feb-21		Primary	Primary PCI	WM	Nishan	No		No		No	Yes	No	
38	26-Feb-21		Primary	Primary PCI	GR	Nishan	Yes	Lansoprazole 30mg od	No		No	Yes	No	
39	26-Feb-21		Primary	Primary PCI	TK	None	No		No		No	Yes	No	
40	26-Feb-21		Primary	Primary PCI	WM	Nishan	Yes	↑Rosuvastatin to 20mg	No		No	Yes	No	

Date	Name	Location	Drug prescribed
November 12, 2021		RACPC	Aspirin 75mg od, Bisoprolol 1.25mg od, Clopidogrel 75mg od
November 16, 2021		RACPC	Aspirin 75mg od, Atorvastatin 20mg od, Clopidogrel 75mg od
November 19, 2021		RACPC	Prasugrel 10mg od
November 23, 2021		Apheresis unit	Calcichew tabs 1.25g
November 23, 2021		RACPC	GTN spray PRN
November 29, 2021		RACPC	GTN spray PRN, Clopidogrel 75mg od, Lansoprazole 30mg od
December 2, 2021		Apheresis unit	Ranolazine 375mg bd
December 2, 2021		Apheresis unit	Ferinject 500mg IV
December 13, 2021		Cherry Tree	Clopidogrel 600mg stat
December 20, 2021		Cherry Tree	Clopidogrel 600mg stat
December 23, 2021		Cherry Tree	Clopidogrel 600mg stat
December 24, 2021		RACPC	Clopidogrel 75mg od, Lansoprazole 30mg od, ISMN 30mg od, Rosuvastatin 5mg od
January 4, 2022		OPD	ISMN 30mg od

How many NMPs are there?

- Sept 2021 – 739,420 nurses and midwives on the NMC register
- 2014 – over 54,000 nurse and midwife prescribers in the UK with over 19,000 independent and supplementary prescribers (RCN)
- October 2014 – 203 podiatrists, 322 physiotherapists, 46 radiographers and 118 optometrist independent prescribers
- Jan 2015 – 69,983 NMP qualifications awarded in the UK

.....contd

- Feb 2015 – survey of 116 NHS Trusts in England – estimated 9,674 NMP in acute settings
- 2015 – 30,928 nurse NMPs in Primary care
- March 2020 - 90,159 nurse prescribers registered with the Nursing and Midwifery Council (NMC) (Pearce)
- May 2020 – 8,806 pharmacist independent prescribers (GPhC)

NMP practitioners in total – 2015

Health Education
North West

Setting	NMP Practitioners	Distribution
Acute	9,674	21.7%
GP Practice	7,184	16.1%
Community	25,394	56.9%
Mental Health	1,347	3.0%
Social Care	449	1.0%
Hospice Care	380	0.9%
Voluntary Sector	201	0.5%
TOTAL	44,629	100%

Why are NMPs not prescribing?

- Change in role/job
- Organisational constraints
- Confidence/competence
- Lack of support
- Time since qualifying
- Wrong people doing the NMP course?

Impact of NMPs - positive

NMP reported

- Increased job satisfaction
- Increased self-confidence
- Enables increased use of skills
- Enhances relationships with patients
- Higher quality care for patients
- Increased choice and convenience for patients
- Improved team work with medical colleagues

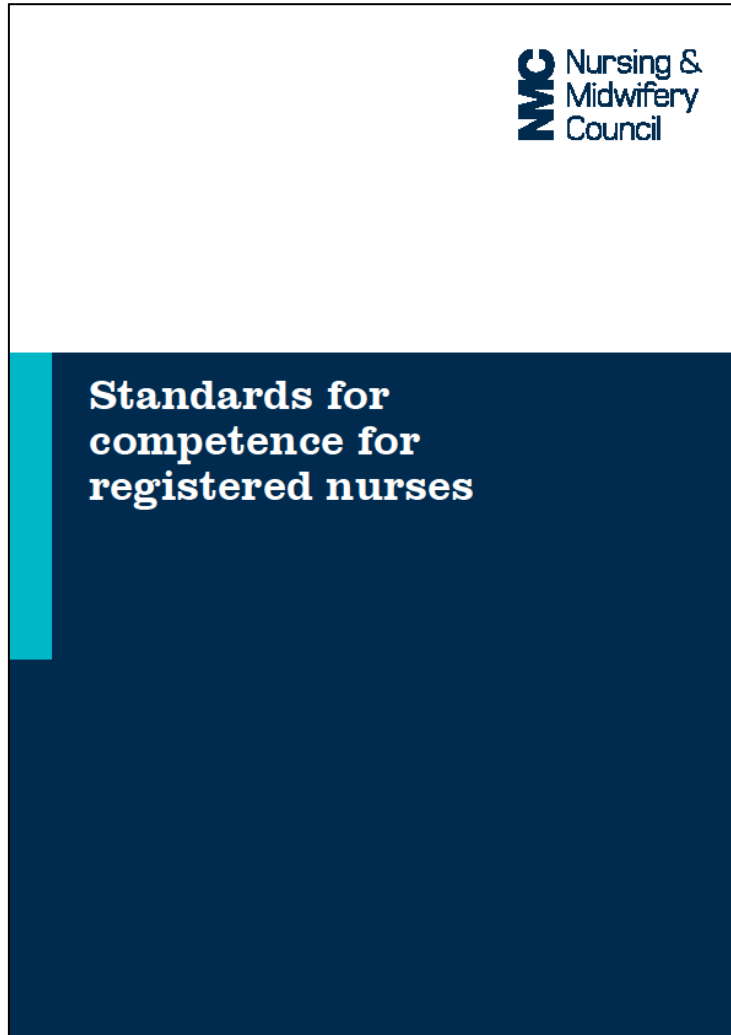
Patient reported

- Improved continuity of care
- Greater flexibility and access to appointments
- More caring style of consultation
- Improved control of conditions
- Happier with medicines

Impact of NMPs - negative

- Increased pressure
- Increased workload
- Increased pressure/workload on other HCPs in supporting NMPs
- Concern about pharmacology knowledge (nurses)
- Concern about physical examination and diagnostic skills (pharmacists)
- Lack of research

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

NMC 2018

Prescribing governance

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

My prescribing story

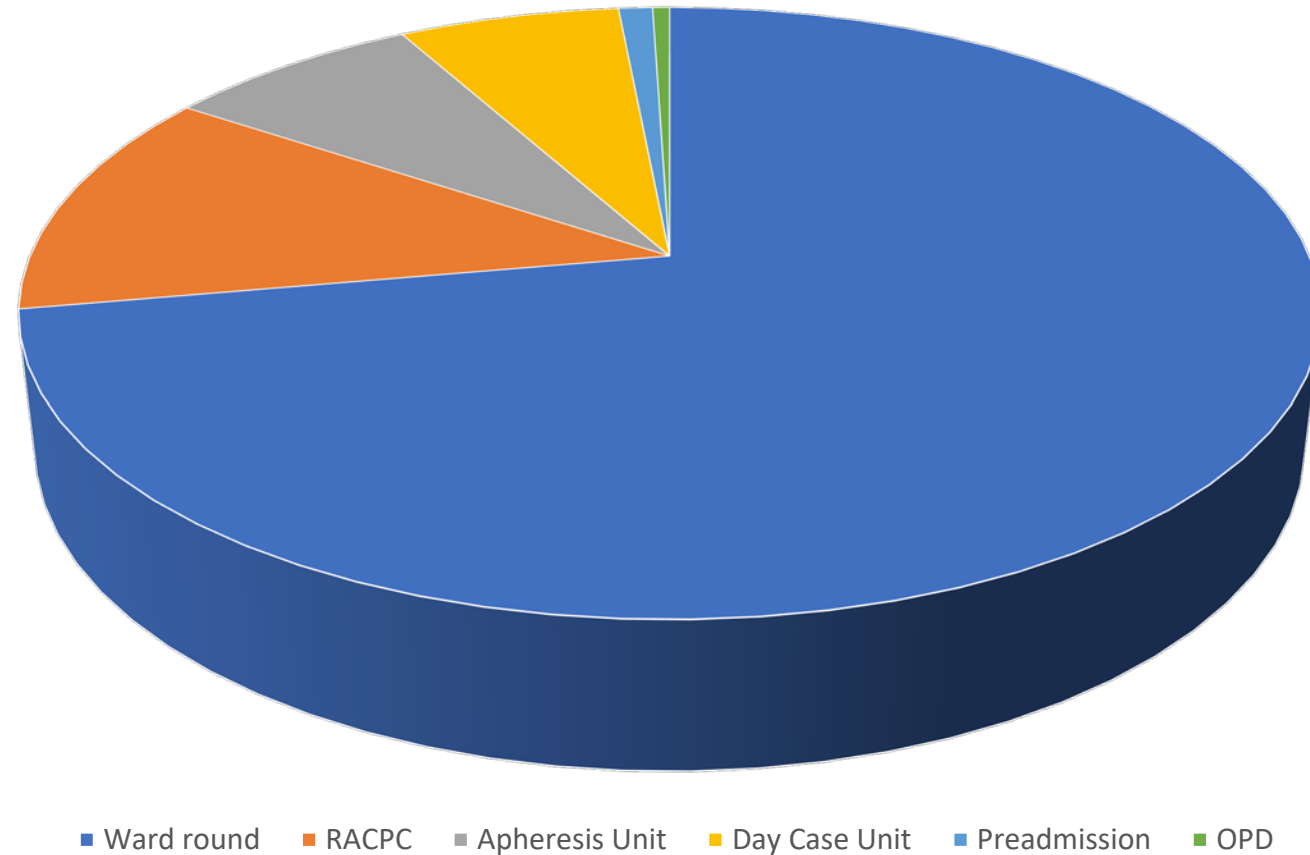
- PGDs
- Qualified as non medical prescriber 2005
- Initially supplementary prescribing
- Independent prescribing

My prescribing practice

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

My prescribing in 2021

Prescribing for 198 patients



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Main changes to medication – ward rounds

Drug	New prescription	Dose titrated ↑	Dose titrated ↓	Stat dose	Drug stopped
ACEi	6	23	5	1	
Bisoprolol	5	7	10	7	1
Atorvastatin	1	4	7		
Enoxaparin	1				9
GTN spray	34				
NRT	23				
Lansoprazole	19	2			2
Change Ticagrelor to Clopidogrel	4				
Ezetimibe	21				
Change Clopidogrel to Ticagrelor	5				
Regular meds	4				

Case study

- 58 year old man reviewed in the RACPC - typical story for angina
- Recommendation made for admission for invasive angiography
- Discussion regarding medication – plan to start Aspirin, Clopidogrel and statin (TC 7.2mmol/L)
- Patient refused to take any medication!
- Discussion re risks/benefits
- Patient agreed to angiogram only

Case study

- Seen in preadmission clinic – new ECG changes and further chest pain
- Admitted to ward from clinic
- Angiogram and PCI to ostial LAD lesion
- Further discussion re need for medication
- Patient agreed to take all prescribed medication

Reflection

- How did this make me feel?
- Could I have done anything differently?
- Did I follow the prescribing competency framework?
- Patient choice to make decisions about treatment/capacity
- Medicines adherence

Conclusion

- Prescribing is a complex skill
- Reflection helps to make sense of a situation and understand how it affects us
- This facilitates the identification of areas for learning and development
- Non medical prescribing has improved patient care
- Need to ensure that practice is safe and effective



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