Education and Training Committee, 20 September 2018

Consultation on revised Standards for prescribing

Executive Summary

Introduction

The Standards for prescribing have two purposes and so are set out in two parts:

- **The standards for education providers** set out the processes and procedures that an education provider delivering training in prescribing must have in place in order to deliver the training safely and effectively.

- **The standards for all prescribers** set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice.

These standards therefore set out safe and effective prescribing practice. They are the threshold standards we consider necessary to protect members of the public. They are also the standards we use to assess and approve education and training programmes in prescribing.

In June 2018, the Education and Training Committee (the Committee) were advised of the Executive's proposals to consult on revised Standards for prescribing.

The Committee approved the general approach of the Executive and agreed to receive a draft consultation document on this basis in September 2018.

At its meeting of 6 September 2018, the Committee received a paper from the Executive setting out delays incurred to the project. While the decisions that led to these delays were made in good faith, the Committee did not find the arrangements suggested for a delayed consultation to be appropriate. It was agreed that the HCPC's consultation on revised Standards for prescribing should be launched as soon as possible.

This paper encloses a draft consultation document with appendices on the revised Standards for prescribing, which the Committee are invited to discuss and approve.

Profession specific learning

Education and training programmes in prescribing often admit a multidisciplinary cohort of learners. In papers submitted to the Committee meeting of 7 June 2018, we expressed an intention to engage with expert focus groups to develop a view on the best way to incorporate profession-specific learning requirements into the Standards for prescribing. However, in order to meet the revised timescales for consultation, we now intend to seek views on our approach to profession-specific learning through the consultation itself.

Next steps

Subject to approval by the Committee, these documents will be immediately circulated for consideration by Council.

We plan to consult from Monday 1 October 2018 to Friday 4 January 2018. This represents a 13 week period, avoiding closure of the consultation during the December holiday week when stakeholders may be unable to respond.

Once the consultation has closed, we will analyse the responses we receive. We will prepare a document detailing the comments received and the Executive's recommendations. This will be submitted for review by the Committee and Council in Q4 of the 2018/2019 financial year. This would permit publication of revised Standards in Spring 2019 and implementation for the 2019/2020 academic year.

Decision

The Commitee is invited to discuss and approve the draft consultation paper (**Appendix A**) and its collated appendices (**Appendix B**).

Background information

- The current Standards for prescribing can be found on the HCPC website, available here.
- Agenda enclosures 4 and 5 for the Committee meeting of 7 June 2018 available here.
- Minutes to the meeting of 7 June 2018, paragraphs 11.1 to 12.4, where this review was discussed, available here.

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: Draft consultation paper on revised Standards for prescribing
- Appendix B: Appendices to the consultation paper (collated)

Date of paper: 14/09/2018

Consultation on revised Standards for prescribing

1 October 2018 – 4 January 2018

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1. Introduction

About this consultation

1.1 We are the Health and Care Professions Council (HCPC). A number of the professions that we regulate are able to train as nonmedical prescribers. This consultation seeks the views of stakeholders on draft revisions to our Standards for prescribing.

1.2 Prescribing is an area where there is considerable regulatory duplication; several different regulators have responsibilities to quality assure the same skills, and even the same education and training programmes, for different professions.

1.3 The HCPC's current Standards for prescribing[2] were published in August 2013. Since this time, we have seen a number of important changes in nonmedical prescribing practice and regulation. In 2016 to 2017, we also updated our Standards of education and training for pre-registration programmes ('the SETs').

1.4 We have reviewed our Standards for prescribing and are proposing changes in order to bring them up to date and to ensure they remain effective. We also

[1] Download appendices to this consultation from its landing page on our website, here: LINK
[2] View our current Standards for prescribing, here: http://www.hcpc-uk.co.uk/assets/documents/10004160Standardsforprescribing.pdf

want to support a streamlined approach to the regulation of prescribing by the different regulators.

1.5 This document explains the background of the Standards of prescribing, the approach we have taken in reviewing them and the changes we are proposing.

1.6 The consultation will be of particular interest to:

- HCPC registrants;
- education providers;
- practice educators;
- employers of HCPC registrants;
- other regulators of nonmedical prescribing professions;
- professional bodies; and
- service users and carers.

1.7 The consultation will run from **Monday 1 October 2018 to Friday 4 January 2019.**

About this document

1.8 This document is divided into six sections.

- **Section 1** introduces the document.
- **Section 2** provides background on the Standards for prescribing.
- **Section 3** explains our approach in reviewing the Standards.
- **Section 4** describes the changes we are proposing to the Standards and explains the reasons behind the proposed changes.
- **Section 5** sets out the next steps following the consultation, including information about implementation of the revised Standards.
- **Section 6** sets out the questions that we invite you to respond to.

About us

1.9 We are a regulator and were set up to protect the public. To do this, we keep a Register of professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called ‘registrants’.

1.10 We currently regulate 16 professions.

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Social workers in England
- Speech and language therapists

2. About the Standards for prescribing

The Standards for prescribing

2.1 Prescribing is a post-registration qualification. Education and training programmes in prescribing must be approved by us in order to admit our registered professions.

2.2 These standards have two purposes and so are set out in two parts:

- **The standards for education providers** set out the processes and procedures that an education provider delivering training in prescribing must have in place in order to deliver the training safely and effectively.

- **The standards for all prescribers** set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice.

2.3 These standards therefore set out safe and effective prescribing practice. They are the threshold standards we consider necessary to protect members of the

public. They are also the standards we use to assess and approve education and training programmes in prescribing.

2.4 If a learner successfully completes the approved programme they are eligible to have their entry on the HCPC Register annotated, appropriate to the level of their qualification (supplementary or independent prescribing).

2.5 The HCPC's current Standards for prescribing were published in August 2013, following development and public consultation through 2012. We aim to review our standards every five years. These Standards are therefore due for review.

Our prescribing professions

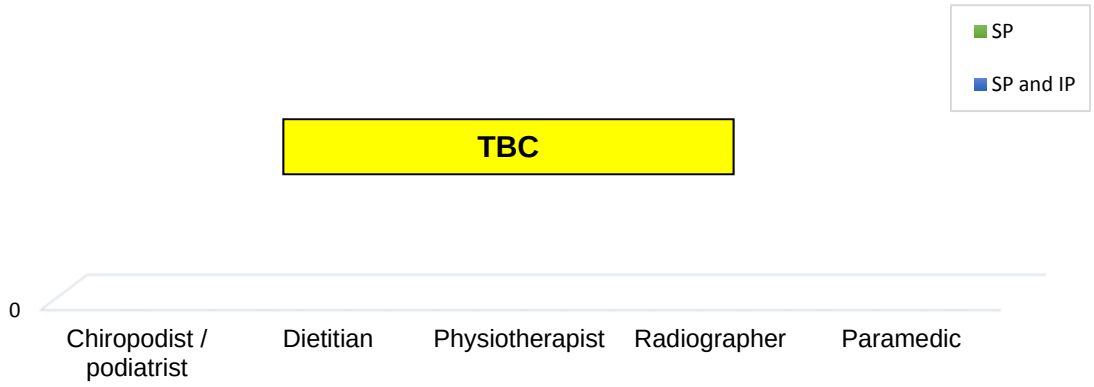
2.6 Which professions may prescribe is controlled by law, in the Human Medicines Regulations 2012.

2.7 Of our registered professions, chiropodists / podiatrists, paramedics, physiotherapists and diagnostic radiographers may train to become independent prescribers.

2.8 Of our registered professions, chiropodists / podiatrists, dietitians, paramedics, physiotherapists, diagnostic and therapeutic radiographers may train to become supplementary prescribers.

2.9 The graph below shows the number of HCPC registrants in these professions with an annotation for supplementary prescribing (SP) or independent prescribing (SP and IP) in September 2018. In total, **TBC (approx. 1400)** of our registrants held an annotation for prescribing at this time.

Professionals on the HCPC Register with annotation(s) for prescribing



2.10 Paramedics became eligible to train in independent and supplementary prescribing on 1 April 2018. As prescribing programmes typically take six months to complete, no paramedics held an annotation for prescribing when this data was collected. However, this will change in the near future.

3. Reviewing the Standards

3.1 The purpose of the review of the Standards for prescribing has been to ensure that they remain effective and fit for purpose; are well understood by our stakeholders and the public; and take account of change including changes in practice, legislation, technology, guidelines and wider society.

3.2 Through 2017 and 2018, we analysed our Standards for prescribing against other similar documents present in the sector. We also consulted with employees in our Education Department who have experience in using the Standards for prescribing operationally in approval and monitoring of programmes.

3.3 We have engaged with a range of external stakeholders including:

- NHS England;
- The Nursing and Midwifery Council; and
- The Royal Pharmaceutical Society.

3.4 The changes we are proposing to make to the Standards for prescribing are summarised in **section 4**. In developing these proposals, we had particular regard to the following principles:

New prescribing professions

3.5 While our Standards for prescribing are designed to apply to multiple professions, when they were last published in 2013 the profile of our prescribing professions was very different. At that time, therapeutic radiographers, dietitians and paramedics could not become prescribers.

3.6 Independent chiropodist / podiatrist and independent physiotherapist prescribers have also become able to prescribe certain controlled drugs since 2013. The Advisory Council on the Misuse of Drugs (ACMD) have recommended to Ministers that independent therapeutic radiographer prescribers be permitted to prescribe some controlled drugs as well[3].

3.7 We believe that legal framework for nonmedical prescribing will continue to grow and change over time. Our Standards for prescribing therefore need to be agile and able to accommodate change.

Prescribing as a common skill

3.8 Prescribing by nonmedical practitioners has expanded and become embedded in health and care systems since it was introduced. Over time, it has become

[3] View the ACMD's most recent advice to Ministers on this issue here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/704065/ACMD_Letter_on_Therapeutic_Radiographers_FINAL.pdf

increasingly clear that safe and effective prescribing relies on the same core competencies, regardless of a prescriber's professional background.

Streamlining regulatory duplication

3.9 We want to support a streamlined approach to the regulation of prescribing by the different regulators. We believe it is sensible to set the same standards for the same skills, where we are able.

Changes in prescribing practice

3.10 Advance in technology is changing the way that practitioners prescribe. For example, by making it easier to prescribe remotely through online or telephone consultations with service users. We want to make sure that as and when new ways of prescribing become more commonplace, we have standards in place to safeguard prescribers' practice.

4. Proposed changes to the Standards

4.1 Standards for education providers

The SETs

4.1.1 In June 2017, the HCPC published updated Standards for education and training ('the SETs') [4]. These are the standards against which we assess and approve pre-registration education and training programmes. The new SETs and their accompanying guidance were thoroughly researched, subject to public consultation[5] and approved by our Council.

4.1.2 We want to make our standards for education providers in the Standards for prescribing consistent with the SETs. Broadly, this is reflected in our proposals (**Appendix 1**).

4.1.3 As prescribing is a specialist, post-registration skill, the draft standards differ from the SETs in some respects. For example, provisions in the SETs that apply only to pre-registration programmes, or which are met by virtue of programme applicants already being HCPC registrants, have been omitted. This was already the case in our current Standards for prescribing and so does not represent a major change.

4.1.4 The main changes we propose to our requirements are discussed below.

[4] View our current Standards for education and training for pre-registration programmes, here: http://www.hcpc-uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5_v2.pdf
[5] View our consultation on the SETs on our website, here: https://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=220

Practice educators

4.1.5 The HCPC define a practice educator as “a person who is responsible for a learner’s education during their practice-based learning and has received appropriate training for this role.”

4.1.6 In the current prescribing SETs, we impose a strict requirement that the practice educator be a ‘designated medical practitioner’ (DMP). The DMP is “a registered doctor who directs, assesses and supervises a nonmedical prescriber’s period of learning in practice.”

1.1.1. We feel that as nonmedical prescribing has become well established, it is no longer necessary to limit the practice educator role to doctors only. We believe it is it is wholly appropriate for qualified, experienced and trained nonmedical prescribers to be involved in educating future learners.

1.1.2. A survey by the GPhC in 2016 found that limiting practice educators to DMPs may have become a barrier to prescribing training access. Removing the DMP requirement will widen the pool of available practice educators and enhance opportunities for interprofessional learning.

1.1.3. We are proposing the following standard:

> “Practice educators must be a qualified prescriber, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge and experience to support safe and effective learning.”

1.1.4. This would include prescribers of all professional backgrounds and would extend to both supplementary and independent prescribers, dependent on the context of their role. Education providers would need to submit evidence to the HCPC to demonstrate how their processes ensure practice educators have the appropriate skills, knowledge and experience for their role in the programme.

4.1.7 Making this change would also reflect similar decisions recently taken by the General Pharmaceutical Council and the Nursing and Midwifery Council, improving alignment in the regulators’ approach.

Other named persons in the standards for education providers

4.1.8 We have also reviewed our requirements around other named roles in the standards for education providers, other than the practice educator.

4.1.9 Currently, our standards require that the person holding overall responsibility for the programme and the external examiner for the programme must, unless other arrangements are agree, be on a relevant part of the HCPC Register.

4.1.10 We are proposing the following standards:

Named person(s)	Proposed standard
The person holding overall professional responsibility for the programme	"must be appropriately qualified and experienced and, unless other arrangements are appropriate, on the register of their statutory regulator"
External examiner for the programme	"must be an appropriately qualified and experienced prescriber and on the register of their statutory regulator with annotation(s) for prescribing where applicable"

4.1.11 Our current Standards for prescribing require that other staff in place to deliver an effective programme are appropriately qualified, experienced and, where required, registered. We intend to retain this requirement in the revised standards.

Interprofessional education and profession-specific learning

4.1.12 We recognise that interprofessional learning is fundamental to effective prescribing education and training. This is equally true of profession-specific learning. For example, different professions are subject to different rules for prescribing controlled drugs. It is essential that learners understand their individual scope of practice and legal remit in prescribing.

4.1.13 We believe that these principles are reflected in the Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers' (the Framework), which we are proposing to adopt as our standards for all prescribers (see **4.2**).

4.1.14 To be able to "prescribe as part of a team" is one of the framework's ten core competency areas. The Framework also explains that it must be "contextualised to reflect different areas of practice and levels of expertise." It requires that a practitioner "prescribes within their own scope of practice and recognises the limits of [their] own knowledge and skill", and understands the relevant law.

4.1.15 Should the Framework be adopted as our standards for all prescribers, education providers will be required to set learning outcomes which "ensure that learners meet the standards set out in the Competency Framework for all Prescribers"

4.1.16 We think that to include standards about interprofessional and profession-specific learning in the standards for education providers as well would be a duplication. They are therefore not included in our current drafting. We remain committed to delivery of these principles through the standards for all prescribers.

4.2 Standards for all prescribers

The Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers'

4.2.1 We are proposing to adopt the Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers' (the Framework, **Appendix 2**) as the HCPC's standards for all prescribers.

4.2.2 Our standards were informed by the 2012 version of the Framework when they were published in 2013. As the Framework has become more established, it has become highly regarded as an accurate threshold for safe and effective prescribing practice.

4.2.3 The Framework was recently adopted by the NMC as their standards of proficiency for the purpose of receiving a recordable qualification in nurse and midwife prescribing. This will come into effect from January 2019.

4.2.4 Wherever possible, we want to set the same standards around prescribing as our regulatory partners. Adopting the same standards for prescribing will make it clearer for public what they should expect from their nonmedical prescribing practitioners. We believe it will build and develop the interprofessional relationships of prescribers from different backgrounds. We also believe it will improve regulatory efficiency and relieve administrative burden on education and training providers, where they may require approval from multiple regulators.

4.2.5 We believe that the expertise of the Royal Pharmaceutical Society (RPS) in medicines and prescribing is an invaluable resource. The process used by the RPS to produce the Framework is accredited by the National Centre for Clinical Excellence (NICE). The Framework has also 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

4.2.6 The HCPC have worked with the Royal Pharmaceutical Society to establish that, should we adopt the Framework as our standards for all prescribers, the HCPC will be a key stakeholder in developing any future revisions to it. The Framework is next scheduled for review in July 2020.

Supplementary and independent prescribing

4.2.7 Currently, our standards for all prescribers place a strong emphasis on differentiating between supplementary and independent prescribing.

4.2.8 The Framework approaches this in a different way, setting common competencies but explaining that:

> "[The Framework] 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."

New standards

4.2.9 We believe that our current standards for all prescribers align closely with the Framework. While there are more competencies in the Framework than exist in our current standards, we think that the Framework simply provides more detail on the same key principles.

4.2.10 However, the Framework does include some competencies for prescribing practice that we do not currently set standards for. We consider that these standards are beneficial and necessary. For example, that a prescriber:

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

4.2.11 Where the Framework sets competencies that are not reflected in our current standards, we propose to implement programme adherence in a phased way through our annual monitoring procedures.

4.2.12 A list of competencies in the Framework that we consider would introduce new HCPC standards is set out at **Appendix 3**.

5 Next steps

5.1 This consultation closes on **Friday 4 January 2019**. Once the consultation period has finished, we will analyse all of the responses we have received. We will then publish a document detailing the comments received and explaining

the decisions we have taken as a result, including any further amendments needed. This will be available on our website.

5.2 We anticipate publishing revised Standards for prescribing in Spring 2019. We would like to implement revised Standards for prescribing for the 2019/2020 academic year. From that time, we plan to require all education providers to evidence how they meet the revised standards through their next scheduled annual monitoring audit submission.

6 Respond to this consultation

Consultation questions

2.1 We strongly recommend that you consider these questions alongside the following documents that set out our proposals in more detail and provide important context:

- Draft Standards for prescribers (**Appendix 1**)
- The Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers (**Appendix 2**)
- Additions to the standards for all prescribers made by the Framework (**Appendix 3**)

2.2 Download the appendices to this consultation from its landing page on our website, here: **LINK**

2.3 We invite you to respond to the following:

Questions about the Standards for education providers

Q1: Do you agree that the draft revised Standards for education providers are set at the level necessary to ensure that all learners are able to prescribe safely and effectively by completion of a HCPC-approved programme?

Don't know	Strongly disagree	Partially disagree	Neither agree nor disagree	Partially agree	Strongly agree

Comments:

Q2: Do you agree that the role of practice educator should be extended to all qualified, registered (and where relevant, annotated) prescribers with the relevant skills, knowledge and experience to support safe and effective learning?

Don't know | Strongly disagree | Partially disagree | Neither agree nor disagree | Partially agree | Strongly agree

Comments:

Q3: Do you agree that adopting the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers' as the HCPC's standards for all prescribers would sufficiently deliver education and training outcomes for interprofessional learning?

Don't know | Strongly disagree | Partially disagree | Neither agree nor disagree | Partially agree | Strongly agree

Comments:

Q4: Do you agree that adopting the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers' as the HCPC's standards for all prescribers would sufficiently deliver education and training outcomes for profession-specific learning?

Don't know | Strongly disagree | Partially disagree | Neither agree nor disagree | Partially agree | Strongly agree

Comments:

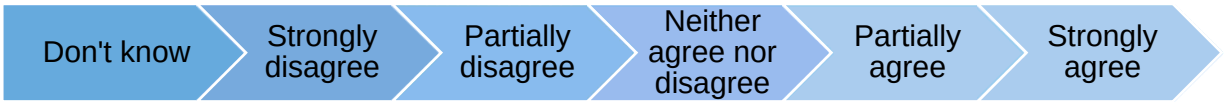
Q5: Do you think that any additional standards or guidance specific to education and training in prescribing are needed?

Yes
No
Don't know

Comments:

Questions about the Standards for all prescribers

Q6: Do you agree with our proposal to adopt the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers' as the HCPC's standards for all prescribers?



Comments:

Q7: If the HCPC were to adopt the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers', do you think that any additional standards or guidance specific to prescribing practice are needed?

- Yes
- No
- Don't know

Comments:

Questions about implementation

Q8: We would like to implement revised Standards for prescribing (**both** standards for education providers and standards for all prescribers) for the 2019/2020 academic year.

Do you agree that this it is reasonable to implement revised Standards for prescribing by **September 2019**?

- Yes
- No
- Don't know

Comments:

Q9: Do you think that as proposed, the revised Standards for prescribing would suitably support safe and effective prescribing by HCPC registrant groups who may gain the opportunity to train in prescribing in the future?

- Yes
- No
- Don't know

Comments:

General questions

Q10: Do you think that any aspects of our proposals could have equality, diversity or inclusion implications for groups or individuals with protected characteristics[6]?

If yes, please suggest how you think this should be addressed.

Yes No Don't know	Comments:

Q11: Do you have any other comments about our proposals?

Yes No Don't know	Comments:

How to respond to the consultation

2.1.1 The consultation closes on **Friday 4 January 2019**. We look forward to receiving your comments.

2.1.2 You can respond to this consultation in one of the following ways:

- By completing our easy-to-use online survey: **LINK**
- By emailing us at: consultation@hcpc-uk.org
- By writing to us at:

  Consultation on revised Standards for prescribing
  Policy and Standards Department
  The Health and Care Professions Council
  Park House
  184 Kennington Park Road
  London
  SE11 4BU

[6] Information about protected characteristics in England, Scotland and Wales is available online at: https://www.equalityhumanrights.com/en/equality-act/equality-act-2010

Equivalent Northern Irish legislation is set out at: https://www.equalityni.org/Footer-Links/Legislation.

2.1.3 We do not normally accept responses by telephone or in person. We ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on **+44 (0)20 7840 9815** to discuss any reasonable adjustments which would help you to respond.

2.1.4 If you would prefer that we do not make your response public, please indicate this when you respond.

Please contact us to request a copy of this document in an alternative format, or in Welsh.

Appendix 1

Draft revised Standards for prescribers

Introduction

About this document

This document sets out the standards for prescribing.

These standards have two purposes and so are set out in two parts:

- **The standards for education providers** set out the processes and procedures that an education provider delivering training in prescribing must have in place in order to deliver the training safely and effectively.

- **The standards for all prescribers** set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice.

These standards therefore set out safe and effective prescribing practice. They are the threshold standards we consider necessary to protect members of the public.

We have numbered the standards so that you can refer to them more easily. The standards are not hierarchical and are all equally important for practice.

About prescribing

Legislation sets out which professions may act as prescribers.

Of our registered professions, the following may complete additional post-registration training to become **supplementary prescribers**:

- Chiropodists / podiatrists;
- Dietitians;
- Paramedics;
- Physiotherapists;
- Diagnostic radiographers; and
- Therapeutic radiographers.

Of our registered professions, the following may complete additional post-registration training to become **independent prescribers**:

- Chiropodists / podiatrists;
- Paramedics;
- Physiotherapists; and
- Therapeutic radiographers.

These are the only professions we regulate that are eligible to complete training to become prescribers at present.

If you are a member of one of the registered professions listed above, you may only practise as a prescriber if you have completed training which we have approved and have a mark or 'annotation' on our Register to show that you have completed that training.

Sale, supply and administration of medicines

These standards only relate to prescribing. They do not cover the supply or administration of medicines via a Patient Specific Direction (PSD) Patient Group Direction (PGD), or the sale, supply or administration of medicines via exemptions. This is because these forms of sale, supply and administration are not 'prescribing'. There is further information about the supply or administration of medicines on our website[1].

How the standards will be used

We will assess relevant education and training programmes against the standards set out in the first part of this document. If a programme meets the standards we will grant open-ended approval, subject to on-going monitoring.

A programme which meets the standards for education providers allows a learner who successfully completes that programme to meet the standards for all prescribers. The learner will then be eligible for annotation of their entry on the HCPC Register, appropriate to the level of their qualification (supplementary or independent prescribing).

We will also take the standards in the second part of this document into account when considering concerns raised about the competence of a registrant with an annotation for prescribing, in respect of their prescribing practice.

[1] Available here: www.hcpc-uk.org/aboutregistration/medicinesandprescribing

Our expectations of registrants

It is important that you read and understand this document. The standards for all prescribers set out what is necessary for safe and effective prescribing practice. We expect you to meet them in your prescribing practice.

These standards do not replace the other standards that we set and you will need to draw on the other standards to support your wider practice beyond your prescribing. We expect you to continue to meet our **standards of proficiency**, **standards of conduct, performance and ethics** and **standards for continuing professional development**. We publish these in separate documents, which you can find on our website.

The standards set out in this document are complemented by information and guidance issued by other organisations. Professional bodies for professions we regulate that are eligible to become prescribers have produced detailed guidance on prescribing practice. We recognise the valuable role played by professional bodies in providing this guidance about good practice, which can help you to meet the standards laid out in this document.

Language

We have included a glossary of some of the terms used in the standards at the end of the document.

Reviewing the standards

These standards are effective from TBC.

The HCPC accepts the Royal Pharmaceutical Society's, 'A Competency Framework for all Prescribers' (the Framework) as published on **4 July 2016** as our standards for all prescribers. Any updating versions of the Framework will not be applied by the HCPC unless and until approved by our Council. The Framework is next scheduled for review in July 2020.

We keep our standards under continual review. We may make changes to these standards in the future to take account of changes in prescribing by the professions that we regulate. We will always publicise any changes to the standards, for example by publishing notices on the HCPC website and informing relevant professional bodies.

Standards for education providers

Admissions

A.1 The admissions process must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

A.2 The selection and entry criteria must include appropriate academic and professional entry standards.

A.3 There must be an appropriate and effective process for assessing applicants' prior learning and experience.

A.4 The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.

Programme governance, management and leadership

B.1 The programme must be sustainable and fit for purpose.

B.2 The programme must be effectively managed.

B.3 The education provider must ensure that the person holding overall professional responsibility for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the register of their statutory regulator.

B.4 The programme must have regular and effective monitoring and evaluation systems in place.

B.5 There must be regular and effective collaboration between the education provider and practice education providers.

B.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.

B.7 Service users and carers must be involved in the programme.

B.8 Learners must be involved in the programme.

B.9 There must be an adequate number of appropriately qualified and experienced and, where appropriate, registered staff in place to deliver an effective programme.

B.10 Subject areas must be delivered by educators with relevant specialist expertise and knowledge.

B.11 An effective programme must be in place to ensure the continuing professional and academic development of educators, appropriate to their role in the programme.

B.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.

B.13 There must be effective and accessible arrangements in place to support the wellbeing and learning needs of learners in all settings.

B.14 The programme must implement and monitor equality and diversity policies in relation to learners.

B.15 There must be a thorough and effective system in place for receiving and responding to learner complaints.

B.16 There must be thorough and effective systems in place for ensuring the ongoing suitability of learners' conduct, character and health.

B.17 There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.

B.18 The education provider must ensure learners, educators and others are aware that only successful completion of an approved programme leads to eligibility for annotation of a learners' entry on the Register.

Programme design and delivery

C.1 The learning outcomes must ensure that learners meet the standards set out in the Competency Framework for all Prescribers, as appropriate to the prescribing mechanisms1 delivered by the programme.

C.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour in prescribing practice, including the standards of conduct, performance and ethics.

C.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

C.4 The curriculum must remain relevant to current practice.

C.5 Integration of theory and practice must be central to the programme.

C.6 The learning and teaching methods used must be appropriate to the effective delivery of the learning outcomes.

C.7 The delivery of the programme must support and develop autonomous and reflective thinking.

C.8 The delivery of the programme must support and develop evidence-based practice.

C.9 The programme must include an effective process for obtaining appropriate consent from service users and learners.

C.10 The education provider must identify and communicate to learners the parts of the programme where attendance is mandatory, and must have associated monitoring processes in place.

Practice-based learning

D.1 Practice based-learning must be integral to the programme.

D.2 The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of set out in the Single Competency Framework for all Prescribers, as appropriate to the prescribing mechanism2 delivered by the programme.

D.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

D.4 Practice-based learning must take place in a setting that is safe and supportive for learners and service users.

D.5 There must be an adequate number of appropriately qualified and experienced and, where appropriate, registered staff involved in practice-based learning.

D.6 Practice educators must be a qualified prescriber, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge and experience to support safe and effective learning.

D.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.

[2] 'Prescribing mechanism(s)' describes either independent or supplementary prescribing.

D.8 Learners and practice educators must have the information they need in a timely manner in order to be prepared for practice based-learning.

Assessment

E.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards set out in the Competency Framework for all Prescribers, as appropriate to the prescribing mechanism1 delivered by the programme.

E.2 Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

E.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.

E.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.

E.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.

E.6 There must be effective processes in place for learners to make academic appeals.

E.7 The education provider must ensure that at least one external examiner for the programme is an appropriately qualified and experienced prescriber and on the register of their statutory regulator with annotation(s) for prescribing where applicable.

Standards for all prescribers

The HCPC apply as our standards for all prescribers, 'A Competency Framework for all Prescribers' (the Framework).

The Framework is published and maintained by the Royal Pharmaceutical Society. It is available on their website[3], the HCPC website and is appended to this document.

The competencies detailed in the Framework set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice.

Where the Framework uses the term 'patient', the HCPC will use the term 'service user' to carry out our processes and functions.

The HCPC accepts the Framework as published on **4 July 2016** as our standards for all prescribers.

[3] Available here: https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

Glossary

Clinical Management Plan (CMP)

A CMP is a written plan agreed between a doctor or dentist and a supplementary prescriber for the treatment of a named service user, with the knowledge and agreement of the service user and/or carer. The plan outlines the illnesses or conditions that may be treated by the supplementary prescriber, the types of medicines they may prescribe any limits to the strength or dose of medicines that they may prescribe.

Independent prescribing

Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of service users with undiagnosed or diagnosed conditions and for decisions about the clinical management required. An independent prescriber is able to prescribe on their own initiative any medicine within their scope of practice and relevant legislation.

Supplementary prescribing

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed service user-specific clinical management plan (CMP). Once qualified a supplementary prescriber may prescribe any medicine within their clinical competence, within the limits of the CMP.

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

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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

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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

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

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

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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

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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.

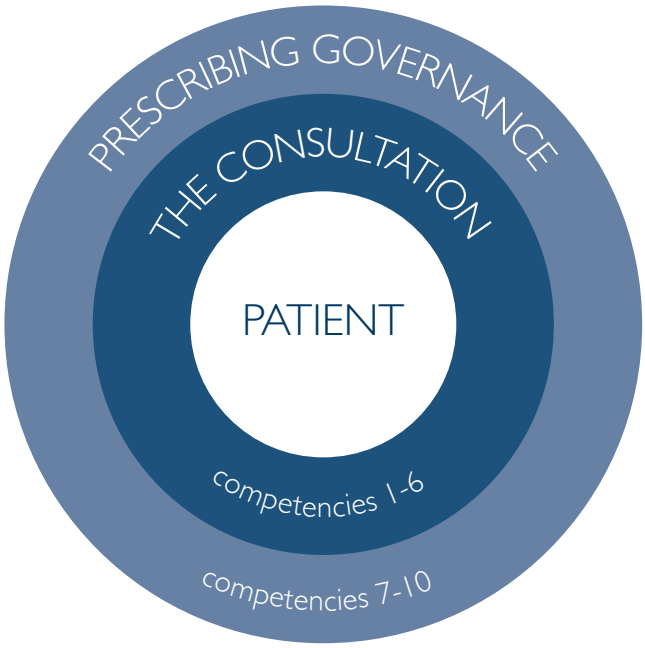
These include the importance of maintaining a patient-centred approach when speaking to patients/carers, maintaining confidentiality, the need for continuing professional development and the importance of forming networks for support and learning.

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.

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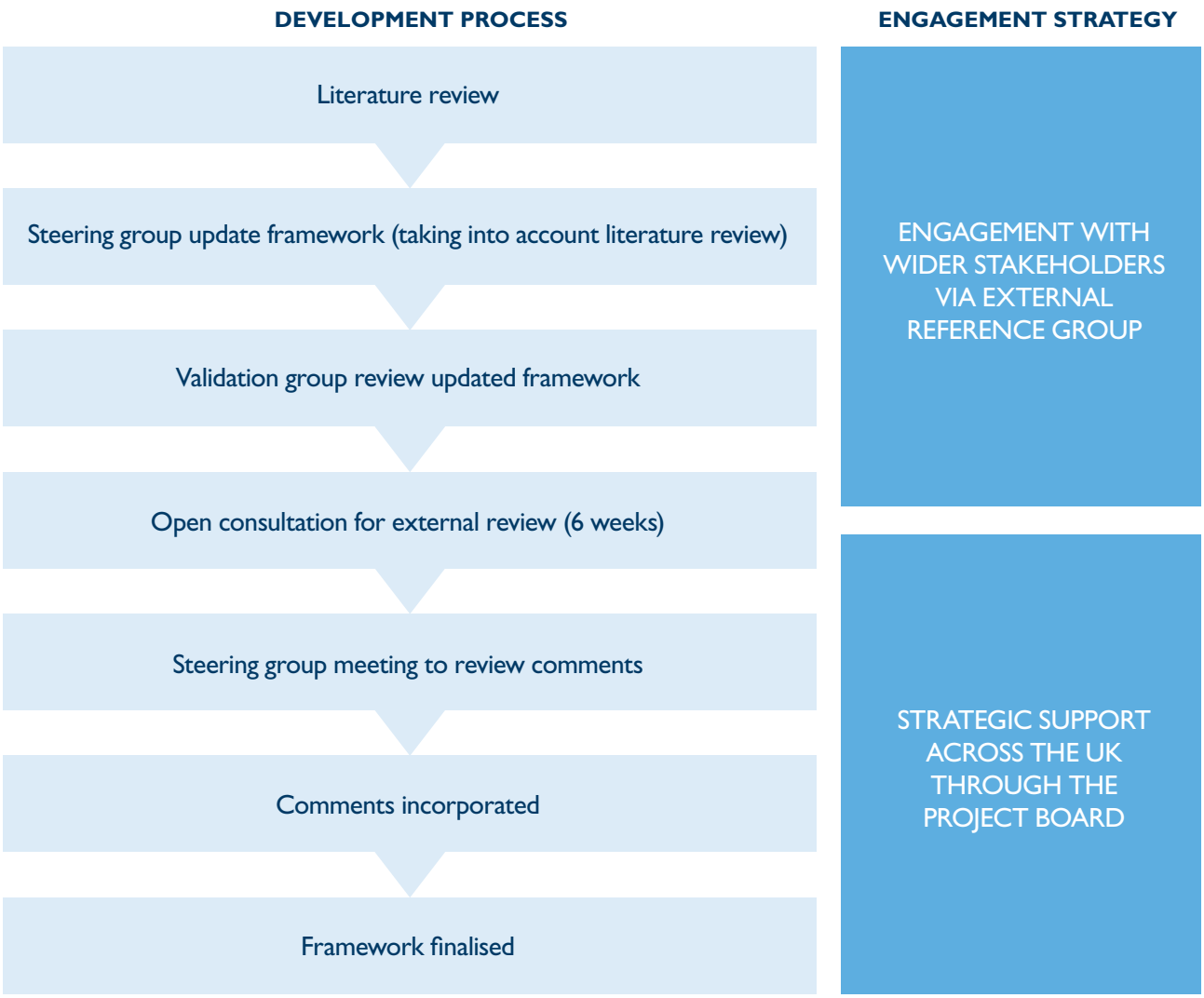
APPENDIX 1
HOW THE FRAMEWORK WAS UPDATED

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

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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

Appendix 3:

Competencies in the Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers' that introduce new HCPC standards.

The HCPC are proposing to adopt the Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers' as our revised standards for all prescribers from September 2019.

From that time, we plan to require all education providers to evidence how they meet the revised standards through their next scheduled annual monitoring audit submission.

We have performed detailed analyses and believe that our current standards for all prescribers align closely with the Framework. While there are more competencies in the Framework than exist in our current standards, we think that the Framework simply provides more detail on the same key principles.

We also feel that the Framework's competencies in areas such as teamwork, record keeping and professionalism have been captured to date by registrants' professional duty to meet our Standards for conduct, performance and ethics.

As a result, we do not consider that adopting the Framework as our standards for all prescribers is likely to require significant change by education and training providers in the way that they design or deliver their programmes. It will simply require that they evidence how they meet our Standards for prescribers in a new way.

However, the Framework does include some competencies for prescribing practice that we do not currently set standards for. We consider that these standards are beneficial and necessary.

For clarity, those competencies in the Framework that we consider would introduce new HCPC standards are summarised on the following page.

Competencies in the RPS 'A Competency Framework for all Prescribers' that introduce new HCPC standards	
4.4	Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.
4.7	Considers the potential for misuse of medicines.
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.
8.5	Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).