

# A single competency framework for all prescribers

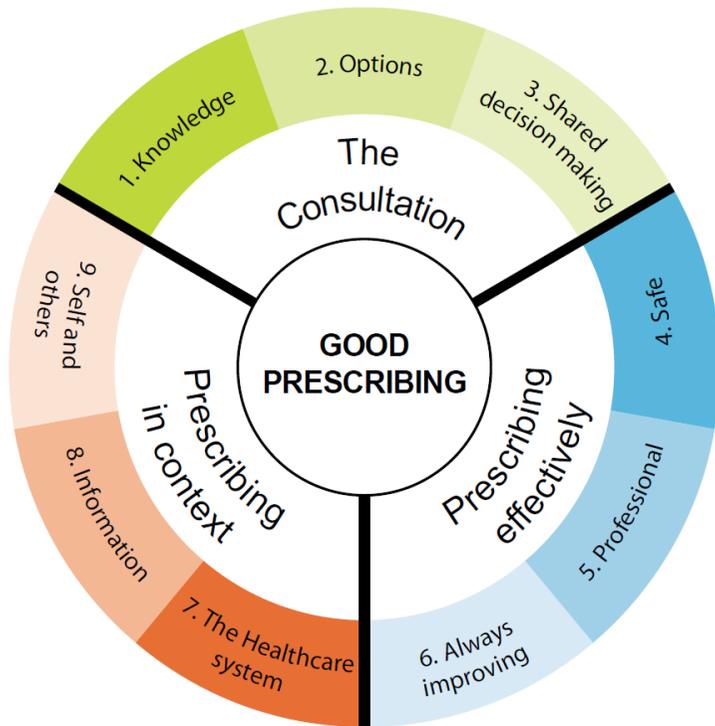
**DMP**

## **Information Pack**

A commentary has been provided within this framework to give guidance in relation to supervision and confirmation of the learning in practice

## Framework design

The competency framework sets out what good prescribing looks like. There are three domains, each containing three dimensions of competency. Within each of the nine competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate.



### DMP Guidance

At the end of the programme you must be able to confirm that the students have achieved, discussed or shown evidence for the domains within the Single Competency Framework in relation to their own field of practice.

Students must clearly evidence where they have achieved each competency: either in the log of supervised practice (to demonstrate their practice learning); directly witnessed by you (or nominated other; within directed learning activities (set by the university) or cross referenced to final formative assessments.

Many competencies are closely interlinked so the same evidence may be used for several competencies.

The Single Competency Framework for all Prescribers is currently being updated by the Royal Pharmaceutical Society at the request of Health Education England.

# BASELINE SWOT ANALYSIS

To assist you in the identification of your learning needs in relation to prescribing.  
This should be completed before your first meeting with your DMP as will inform your discussions

<p style="text-align: center;"><b>Strengths</b></p> <p>Within your current role which aspects do you consider your greatest strengths and expertise and which contribute to your future role as a prescriber?</p>	
<p style="text-align: center;"><b>Weaknesses</b></p> <p>Which aspects /areas require further development in relation to your future role as a safe and effective prescriber?</p>	
<p style="text-align: center;"><b>Opportunities</b></p> <p>Identify these from your own practice area and/or from elsewhere where you may gain additional valuable learning opportunities.</p>	
<p style="text-align: center;"><b>Threats</b></p> <p>What might prevent you from progressing as a prescriber and how could you overcome this?</p>	

**DMP Guidance**

Students should complete this before their initial meeting with you.

The information within this document will inform your discussion and set out the required learning to achieve the competencies with the Single Competency Framework and complete the required supervised practice time.

# Learning Contract

The purpose of this initial discussion with your DMP is for you to identify your individual learning needs based on the baseline SWOT analysis. These should be matched to the competencies you are required to achieve and to the learning opportunities within your clinical area. You should also discuss how you will manage/achieve the supervised learning hours required by the GPhC / NMC / HCPC to register as a prescriber.

Summary of discussion:

<b>DMP Guidance</b>
The learning contract should:
<ul style="list-style-type: none"><li>• Show how appropriate time for supervision will be facilitated</li><li>• Show how opportunities for practice of clinical skills will be facilitated</li><li>• Discuss the roles and responsibilities of the student, university and the DMP which are given below</li><li>• The students are required to upload the learning contract which will be reviewed by one of the programme team</li></ul>

Student Signature	DMP Signature
Date	Date

## **DMP Guidance - Roles and Responsibilities**

**Learner Responsibilities** – take overall responsibility for ensuring the following:

- a) The single competency framework is available as a working document throughout the programme.
- b) The learning opportunities are identified against the programme learning outcomes and competencies and are negotiated with the DMP.
- c) Opportunities to meet are negotiated for the presentation of evidence.
- d) Portfolio evidence is collated prior to the midpoint review and the final summative meeting (s) with the DMP.
- e) The DMP feedback informs the development of future learning needs.
- f) The framework is available at tutorials with academic staff.

**DMP Responsibilities** – retains responsibility for the learners supervised practice to ensure the following:

- a) To develop an effective relationship with the learner and provide on-going, constructive support.
- b) To facilitate the learners integration into the practice setting.
- c) To identify, with the learner, learning opportunities within the area of practice appropriate to their learning needs – for pharmacists this must include opportunities to practice clinical skills.
- d) To highlight any areas of concern with the NMP Lead as soon as they are identified.
- e) To provide a role model for the learner by ensuring a safe practice environment and promoting effective relationships with patients and clients.
- f) To create a learning environment in which the learner can confidently achieve the learning outcomes.
- g) To initiate, manage and support change to develop practice.
- h) Review and verify the evidence presented by the learner against the competencies.
- i) Provide constructive feedback that enables the learner to consolidate learning and identify continuing learning needs.
- j) To assess the learner's competence to prescribe within the required clinical field.

**UWE NMP Lead Responsibilities**

- a) Provide advice and support and monitor the learner's progress throughout the programme.
- b) Liaise with the DMP regarding the learner's progress as necessary.
- c) Respond to concerns identified by the DMP and/or learner and facilitate meetings as necessary.

## Action Plan to enable the attainment of Supervised Practice Time

### DMP Guidance

You are required to have oversight to supervise the practice learning of the student. They must have undertaken 78 (nurses and AHPs) or 90 hours (pharmacists). This need not constitute direct personal supervision of all of the hours, but we suggest that a minimum of 7 of the 12 days are supervised by you. However, we recognise that flexibility is required relating to this, due to wide variation in the clinical and organisational backgrounds of all learners. Anytime not directly supervised by you should be agreed beforehand. There are many ways that you may supervise the practice learning of your student but some suggestions are given below.

- A dedicated time period with opportunities for the student to observe how medical practitioners conduct a consultation/interview with a patient and/or their carers, and the development of a subsequent management plan
- To allow the student opportunities to carry out consultations and suggest clinical management and prescribing options, which are then discussed with you, the DMP with increasing autonomy of practice
- Opportunities to allow in-depth discussions and analysis of clinical management using a random case analysis approach. This allows the student's patient care and prescribing behaviour to be explored further
- To facilitate the student's learning process by encouraging critical thinking and reflection with the use of the student's log of supervised learning
- Some students will require opportunities to practice and develop the clinical skills of B/P, TPR, inspection, palpation, percussion and auscultation. It is expected that they will be supported formatively in practice and then assessed summatively within the university OSCE assessment. Students will have the OSCE marking criteria.

## DMP Guidance Flow Chart for Raising Concerns

**Contact the Programme Lead with any concerns relating to student achievement of practice competencies**

UWE to liaise with student, Practice Manager/NMP Lead and supervisors to determine reasons for non-achievement



Set a plan of action and assess need for additional supervisory time



Discussion with service manager to manage the above



Allowances are already in place to prevent impedance of academic progression



Set Review Date



Competencies achieved – Present to next academic award board



Competencies not achieved – debrief with student, NMP lead



Action Plan for resit of practice competencies if deemed appropriate

## Mid-Point Review

Review the supervised practice time to date

### DMP Guidance

The mid-point review should:

- Discuss and review the supervised learning time accrued so far and put together a further plan of action to ensure the required time will be undertaken.
- If required discuss the ongoing opportunities for practice of clinical skills will be facilitated.
- Determine if students are struggling to provide evidence in relation to particular competencies so a plan may be made to expose students to opportunities which may address this.
- The student is required to upload the mid-point review which will be reviewed by one of the programme team.

Please contact the Programme Lead at any time if you have any concerns in regard to the student`s progress or would like to request a practice visit.

Review the evidence f

Student Signature

DMP Signature

Date

Date

# The Prescribing Competency Framework

## Domain A: The consultation

<b>Competency 1: Knowledge</b>	
<i>Has up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to own area of practice.</i>	
<b>Competence</b>	<b>Evidence of where achieved; either in the log of supervised practice, within directed learning activities or cross referenced to assessments</b>
a) Understands the progress and how	<p><b>DMP Guidance</b></p> <p>At the end of the programme you must be able to confirm that the students have achieved, discussed or shown evidence for each of the domains within the Single Competency Framework in relation to their own field of practice.</p> <p>It is the student's responsibility to clearly evidence of where they have achieved each competency either in the log of supervised practice, directly witnessed by you, within directed learning activities or cross referenced to assessments.</p> <p>You will see that many of them are closely interlinked so the same evidence may be used for several competencies.</p> <p>The statements within this document should be appropriated to the student's own field of practice.</p> <p>You <b>do not</b> need to sign off each competency separately but will need to declare within the Final Assessment that you confirm that the student has achieved, discussed or shown evidence for the domains within the Single Competency Framework in relation to their own field of practice.</p>
b) Understands different pharmacological promoting health outcomes of treat	
c) Understands the medicines and how by age, renal impairment decisions.	
d) Understands the avoid/minimise, r	
e) Uses up-to-date formulations, pac	
f) Applies the principles clinical and cost-	

The statements

pe of practice.

g) Aware of how medicines are licensed, sourced and supplied and the implications for own prescribing.	
h) Knows how to detect and report suspected adverse drug reactions.	
i) Understands the and their use.	
j) Appreciates the p	
k) Understands anti infection preventi measures.	
Ma	
<p>a) Takes an approp which includes bo non-prescribed m remedies, and all</p> <p><i>SP -Reviews medical P both current and previc supplements and comp intolerances</i></p>	
b) Undertakes an ap relevant equipme	

**DMP Guidance - Assessments**

As well as your confirmation that the student has achieved, discussed or shown evidence for each of the domains within the Single Competency Framework in relation to their own field of practice – students must also pass the following assessments.

<b>Component A</b> (controlled conditions) <b>Description of each element</b>	<b>Element weighting</b>
A1. Mentor confirmation of successful completion of professional practice element	Pass/Fail
A2. OSCE	Pass/Fail
A3. A 2 ½ hr unseen Applied Pharmacology Exam (80% must be attained to pass)	Pass/Fail
A4. Numeracy assessment (100% must be attained to pass)	Pass/Fail
<b>Component B</b> <b>Description of each element</b>	<b>Element weighting</b>
B1. A portfolio of evidence in relation to students own area of practice (a mark of 50% or above must be attained to pass)	50%
B2. Clinical Practice Algorithm (LM) or a Case Study (L3) in relation to students own area of practice (a mark of 50% or above must be attained to pass)	50%

<sup>1</sup> [Antimicrobial stewardship](#) - Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection ([ARHAI](#))

The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

<p><i>SP - Reviews the clinical condition using relevant equipment and techniques</i></p>	
<p>c) Accesses and interprets relevant patient records to ensure knowledge of the patient's management.</p>	
<p>d) Makes, or understands, a diagnosis, considering and systems possibilities (differential diagnosis)</p> <p><i>SP - Reviews the working</i></p>	<p style="text-align: center;"><b>DMP Guidance – Clinical Skills Assessments within the OSCE</b></p> <p>The teaching of basic clinical skills (blood pressure, temperature, respirations and pulse) will be undertaken by the programme team. The student will also be provided with materials to enable him or her to support the practice and development of key clinical and physical skills during their supervised practice. This will include access to the OSCE marking template for each examinable clinical assessment skill.</p> <p>Students will be formally taught the common procedures of inspection, palpation, percussion and auscultation. Students will be tested formally on their ability to perform this within an examination of the respiratory system – resources for the use of these techniques within other body system will be available to students via Blackboard™.</p>
<p>e) Requests and interprets investigations</p>	
<p>f) Considers all treatment options including pharmacological interventions</p>	
<p>g) Assesses the effectiveness of medication, allergic reactions and other options.</p>	
<p>h) Assesses the risks of not taking a medication</p>	
<p>i) Where a medicine is appropriate, identifies the different options in the clinical management plan.</p> <p><i>SP - Where a medicine is appropriate, identifies the different options in the clinical management plan.</i></p>	
<p>j) Establishes and maintains a plan for reviewing the therapeutic objective, discharge or end point of treatment.</p>	

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k) Ensures that the effectiveness of treatment and potential unwanted effects are monitored.	
l) Makes changes to the treatment plan in light of on-going monitoring and the patient's condition and preferences.  <i>SP - Makes changes within the clinical management plan in light of on-going monitoring and the patient's condition and preferences</i>	
m) Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/information.	
<p><b>Competency 3: Shared decision making</b>  <b>(with parents, care-givers or advocates where appropriate)</b>  <i>Establishes a relationship based on trust and mutual respect. Recognises patients as partners in the consultation.</i></p>	
a) Identifies and respects the patient's values, beliefs and expectations about medicines.	
b) Takes into account the nature of peoples' diversity when prescribing.	
c) Undertakes the consultation in an appropriate setting taking account of confidentiality, dignity and respect.	
d) Adapts consultations to meet needs of different patients (e.g. for language, age, capacity, physical or sensory impairments).	
e) Deals sensitively with patients' emotions and concerns about their medicines.	

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f) Creates a relationship which does not encourage the expectation that a prescription will be supplied.	
g) Explains the rationale behind and the potential risks and benefits of management options.	
h) Works with patients to make informed choices about their management and respects their right to refuse or limit treatment.	
i) Aims for an outcome of the consultation with which the patient and prescriber are satisfied.	
j) When possible, supports patients to take responsibility for their medicines and self-manage their conditions.	
k) Gives the patient clear accessible information about their medicines (e.g. what it is for, how to use it, where to get it from, possible unwanted effects).	
l) Checks patient's understanding of and commitment to their management, monitoring and follow-up.	
m) Understands the different reasons for non-adherence to medicines (practical and behavioural) and how best to support patients. Routinely assesses adherence in a non-judgemental way.	

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## Domain B: Prescribing Effectively

<b>Competency 4: Safe</b> <i>Is aware of own limitations. Does not compromise patient safety.</i>	
<b>Competence</b>	<b>Evidence of where achieved; either in the log of supervised practice, within directed learning activities or cross referenced to assessments</b>
a) Knows the limits of their own knowledge and skill, and works within them.	
b) Knows when to refer to or seek guidance from another member of the team or a specialist.	
c) Only prescribes a medicine with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects (using, for example, the BNF/BNFC).	
d) Accurately calculates doses and routinely checks calculations where relevant, for example for children.	
e) Keeps up to date with advances in practice and emerging safety concerns related to prescribing.	
f) Knows about common types of medication errors and how to prevent them.	
g) Ensures confidence and competence to prescribe are maintained.	
h) Makes accurate, legible and contemporaneous records and	

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clinical notes of prescribing decisions.	
i) Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	
j) Writes legible, unambiguous and complete prescriptions which meet legal requirements.	
k) <i>SP - Knows how and when to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist</i>	
<p><b>Competency 5: Professional</b></p> <p><i>Ensures prescribing practice is consistent with scope of practice, organisational, professional and regulatory standards, guidance and codes of conduct.</i></p>	
a) Accepts personal responsibility for prescribing and understands the legal and ethical implications of doing so.	
b) Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	
c) Knows and applies legal and ethical frameworks affecting prescribing practice (e.g. misuse of drugs regulations, prescribing of unlicensed/off label medicines).	
d) Takes responsibility for own learning and continuing professional development.	
e) Maintains patient confidentiality in line with best practice	

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and regulatory standards and contractual requirements.	
f) <i>SP - Understands the scope of own prescribing responsibility in the context of a shared clinical management plan</i>	
g) <i>SP - Ensures that the patient consents to be managed by a prescribing partnership</i>	
<p><b>Competency 6: Always improving</b></p> <p><i>Actively participates in the review and development of prescribing practice to optimise patient outcomes.</i></p>	
a) Learns and changes from reflecting on practice.	
b) Shares and debates own and others prescribing practice, and acts upon feedback and discussion.	
c) Acts upon colleagues' inappropriate prescribing practice using appropriate mechanisms.	
d) Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit and feedback).	
e) Reports prescribing errors and near misses, reviews practice to prevent recurrence.	
f) Makes use of networks for support, reflection and learning.	

The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

## Domain C: Prescribing in context

<b>Competency 7: The healthcare system</b> <i>Understands and works within local and national policies, processes and systems that impact on prescribing practice. Sees how own prescribing impacts on the wider healthcare community.</i>	
<b>Competence</b>	<b>Evidence of where achieved; either in the log of supervised practice, within directed learning activities or cross referenced to assessments</b>
a) Understands and works within local frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	
b) Understands the need to work with, or develop, safe systems and processes locally to support prescribing, for example, repeat prescribing, transfer of information about medicines.	
c) Works within the NHS/organisational or other ethical code of conduct when dealing with the pharmaceutical industry.	
d) Understands budgetary constraints and prioritisation processes at local and national level (health-care resources are finite).	
e) Understands the national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation).	
f) Prescribes generically where appropriate, practical and safe for the patient.	

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g) <i>SP - Understands the principles behind supplementary prescribing and how they are applied in practice</i>	
<p><b>Competency 8: Information</b></p> <p><i>Knows how to access relevant information. Can use and apply information in practice</i></p>	
a) Understands the advantages and limitations of different information sources available to prescribers.	
b) Accesses relevant, up-to-date information using trusted based evidenced based resources.	
c) Regularly reviews the evidence base behind therapeutic strategies.	
<p><b>Competency 9: Self and others</b></p> <p><i>Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber.</i></p>	
a) Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is developed and not compromised.	
b) Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.	
c) Recognises and deals with pressures that might result in inappropriate prescribing (for example, pharmaceutical industry, media, patient, colleagues).	

The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

d) Negotiates the appropriate level of support and supervision for role as a prescriber.	
e) Provides support and advice to other prescribers where appropriate.	
<i>f) SP - Proactively negotiates with the independent prescriber to develop clinical management plans</i>	
<i>g) SP - Relates to the independent prescriber as a partner</i>	

The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

## ASSESSMENT OF PRACTICE: FINAL REPORT

Name of Student.....

### DMP Guidance

At the end of the programme you must confirm the statements written in the box below

Write a short statement declaring your opinion on the student's suitability to be annotated on the register as an independent and or supplementary prescriber

If you have any concerns regarding the student's ability then you must contact the Non-Medical Prescriber Lead (or equivalent) for the work area and/or the Programme Leader

I confirm that the pharmacist / nurse / podiatrist / radiographer / physiotherapist / (please circle) has satisfactorily completed at least 12 x 7.5 days (90 hrs – pharmacist and AHP's) or (78 hrs - nurses) supervised practice	Yes / No
In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist / nurse / podiatrist / radiographer / physiotherapist (please circle) as being suitable for annotation as an Independent Prescriber (Radiographer - Supplementary Prescriber only)	Yes / No
I can confirm that the students has achieved, discussed or shown evidence for the domains within the Single Competency Framework in relation to their own field of practice	Yes / No
<b>DMP Signature</b>	<b>GMC Number</b>
	<b>Date</b>

**Year 1 - on-going assessment of your prescribing practice**

**this information should inform your yearly appraisal**

**Strengths**

Within your current role what are your greatest strengths and how do they contribute to your role as a pharmacist?

**Weaknesses**

Which aspects /areas require further development in relation to your role as a pharmacist?

**Opportunities**

Identify these from your own practice area and/or from elsewhere where you may gain additional valuable learning opportunities.

**Threats**

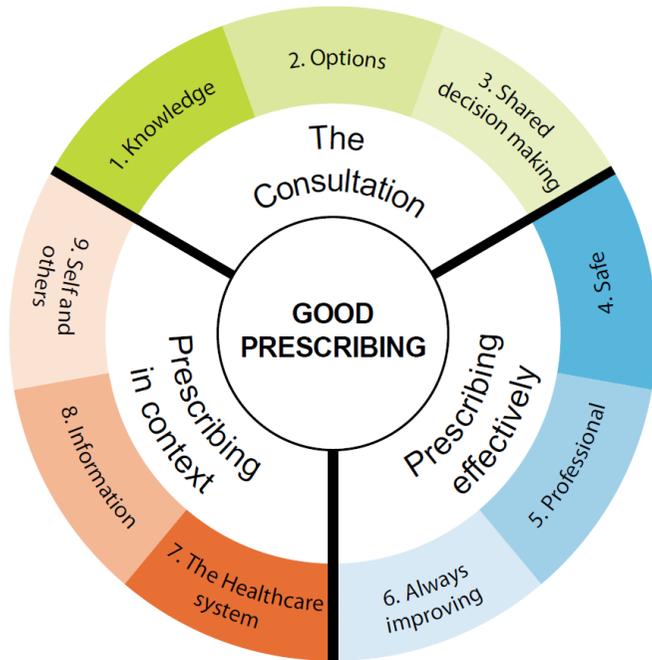
What might prevent you from further progressing as a prescriber and how could you overcome this?

**DMP Guidance**

Students are advised to undertake a yearly SWOT analysis in relation to their prescribing practice which will inform the yearly appraisal

[Type here]

**Year 1 – After completing the SWOT analysis use the framework below to determine your development needs for the coming year, make notes below and discuss during your appraisal**



[Type here]

**Year 2 - on-going assessment of your prescribing practice**

**this information should inform your yearly appraisal**

**Strengths**

Within your current role which aspects do you consider your greatest strengths and expertise and which contribute to your role as a prescriber?

**Weaknesses**

Which aspects /areas require further development in relation to your role as a safe and effective prescriber?

**Opportunities**

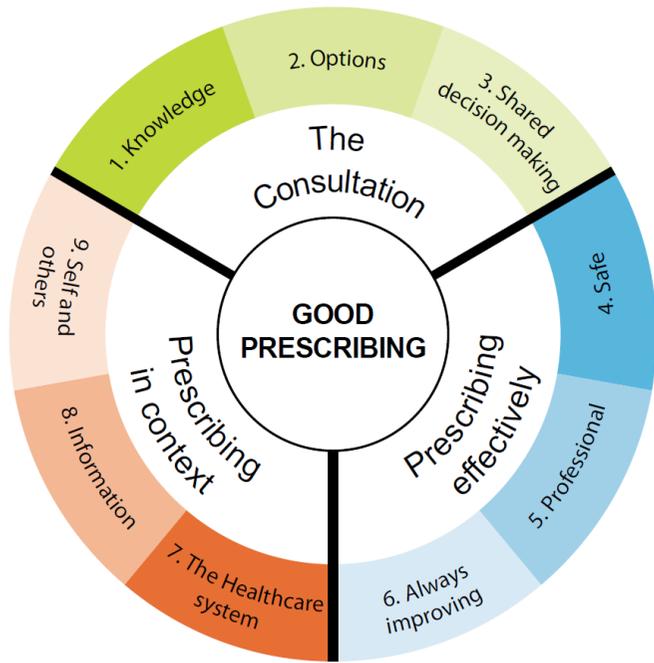
Identify these from your own practice area and/or from elsewhere where you may gain additional valuable learning opportunities.

**Threats**

What might prevent you from further progressing as a prescriber and how could you overcome this?

[Type here]

**Year 2 – After completing the SWOT analysis use the framework below to determine your development needs for the coming year, make notes below and discuss during your appraisal**



[Type here]